MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00154

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Rockdale
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Remington Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rockdale
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Remington Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Allena Hipsley Akers

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Late George W
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 20, 1883

8. AGE: Years	Months	Days	If less than one day
66	2	22	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife & storekeeper
11. Industry or business

FATHER
12. Name: Albert Hipsley
13. Birthplace

MOTHER
14. Maiden name: Margaret
15. Birthplace

16. Informant: Mrs Naomi Shaffer
Address: Remington Ave RFD 5 Rockdale

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13, 1950 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: Baltimoe Md

18. Funeral director: Harry A Wythe
Address: 4101 Edmondson Ave

19. Jan 14 1950 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 10 1950, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14. 1947, to Jan. 10 1950 and that I last saw h alive on Jan 7th. 1950

Immediate cause of death	DURATION
(a) Adeno-carcinoma left Breast.	3 yrs.
Due to	
Due to	
Other conditions Hypertension Heart 170x 50 Disease (Include pregnancy within 3 months of death)	5 yrs.

Major findings of operations: Adeno-carcinoma of left Breast. Date of op. 1947.
Autopsy results: No.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Earl L. Chambers M.D.
M. D. or other
Address: 4108 Liberty Hts Ave Date signed 1/11/50

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

00155

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7028 Dunbar Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 7028 Dunbar Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) Allen

4. DATE OF DEATH: (Month) January (Day) 7 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Aug. 20, 1901

9. AGE Last Birthday: 48 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Allen

14. MOTHER'S MAIDEN NAME: Catherine Hodges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war, or dates of service): 11/30/42-1/29/43

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Ivalee Allen

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: X

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. B. Davis M.D.	Dept. Med. Examiner	Dundalk, Md.	1/7/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1950	Mt. Calvary Cemetery	Richmond, Virginia

DATE REC'D BY LOCAL REG. Jan 7-1950

REGISTRAR'S SIGNATURE D. M. Kelly Jr.

24. FUNERAL DIRECTOR ADDRESS: Roland L. Fisher, Dundalk, Md.

318 29

VS. A15A

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00156

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place): 1yr10mo4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2828 Riggs Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) ALT

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 2-8-1865

9. AGE last birthday: 84 yrs. If under 1 year: Months 11, Days 18, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: BARTLETT-HAYWARD

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Alt

14. MOTHER'S MAIDEN NAME: Elizabeth ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-09-4402A

17. INFORMANT AND ADDRESS: GEO C. ALT 6 HOLMHURST Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary oedema, bronchial pneumonia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) secondary to arteriosclerosis	12 hrs.
422.1 93d	(c) Cardiovascular disease	indef.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral thrombosis with right sided hemiplegia — indef.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1948, to 1-24, 1950, that I last saw the deceased alive on 1-24-, 1950, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isadore Tuerk, MD. ADDRESS: Spring Grove State Hosp. Catonsville-28, Md. DATE SIGNED: 1-24-50

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL | DATE: 1-27-50 | NAME OF CEMETERY OR CREMATORY: WESTERN CEMETERY | LOCATION (City, town, or county) (State): EDMONDSON AVE BALTO MD.

DATE REC'D BY LOCAL REG.: 1/26/50 | REGISTRAR'S SIGNATURE: C. W. Hofferbert

24. FUNERAL DIRECTOR: GEO H. LEIMBACH | ADDRESS: 125 N LYNDHURST ST

326-60

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00157

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1326 McCulloh St.,

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) (Last) ANDERSON

4. DATE OF DEATH: (Month) January (Day) 4, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 10-10-1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Junk Yard

11. BIRTHPLACE (State or foreign country): Middlesex County, Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Anderson

14. MOTHER'S MAIDEN NAME: Priscilla Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 216-07-9068

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis far advanced, active	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002A
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-30, 1949, to 1-4-, 1950, ~~that I last saw the deceased~~ ~~alive on [illegible], 19[illegible], and that~~ death occurred at 10:35 A m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. (Degree or title) — ADDRESS: Chief Pro. Services VAH, Ft. Howard, Md. — DATE SIGNED: 1-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 1-9-50 — NAME OF CEMETERY OR CREMATORY: ? — LOCATION (City, town, or county) (State): Richmond, Va.

DATE REC'D BY LOCAL REG.: 1/6/50 — REGISTRAR'S SIGNATURE: A.W. Hydrick

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave., Balto., Md.

988-60

Evidence for change of birth date shown on:

00158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

FILM No. G 124 FEB 2 1950

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural)
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Big Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural)
STREET ADDRESS (If rural, give location): Big Falls Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Blain (Last) Anderson

4. DATE OF DEATH (Month) JAN. (Day) 25 (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Aug 19 1875
9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Freight Agt.
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Gregg Anderson, Big Fall Rd., Monkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of head of pancreas

Antecedent cause(s)

157X
46g

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/20, 1949, to 1/25, 1950, that I last saw the deceased alive on 1/24, 1950, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: A. M. France (Degree or title) M.D. ADDRESS: Parkton, Md. DATE SIGNED: 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Jan 27, 1950
NAME OF CEMETERY OR CREMATORY: Poplar Grove
LOCATION (City, town, or county) (State): Cockeysville, Md

DATE REC'D BY LOCAL REG.: Jan. 28, 1950
REGISTRAR'S SIGNATURE: Mrs Howard S. Markline
24. FUNERAL DIRECTOR: Sandra M. Brooks, ADDRESS: Sparks, Md

244-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00159

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8218 Longpoint Road	STREET ADDRESS (If rural, give location) 8318 Longpoint Road

3. NAME OF DECEASED (Type or Print)	(First) MELINDA	(Middle) ANN	(Last) ANGEL	4. DATE OF DEATH	(Month) January	(Day) 23	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant	8. DATE OF BIRTH 1-19-1950	9. AGE last birthday yrs.	If under 1 year Months	Days 3½	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Thomas ~~Unknown~~ Angel	14. MOTHER'S MAIDEN NAME Unknown Grace Elaine Wilhelm						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Unknown					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Heart Disease

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carl L. Royer	M.D.	700 Fleet Street	1-24-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 2-2-50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR	ADDRESS

UNIVERSITY MEDICAL SCHOOL JAN 30 1950

2-1-1/19/50. 34-3-40-5 (7lbs 3oz).

XVX99

50-01269

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Pl. 2 and
Ext 2461

RECEIVED
FEB 2 1950
BUREAU V. S.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00160

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5650 Carville Ave.	STREET ADDRESS (If rural, give location) 5650 Carville Ave.

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) O.	(Last) ARMSTRONG	4. DATE OF DEATH	(Month) Jan. (Day) 18, (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Oct. 12, 1858	9. AGE last birthday 91 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder (Rtd)	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Balto., Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME James Armstrong	14. MOTHER'S MAIDEN NAME Eliza Griffith				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Georgianna Armstrong - 5650 Carville Ave. Halethorpe			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial insufficiency	6 mo
422.1 Antecedent cause(s)	with decompensation	2 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 yrs
93d	(c) Senility	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Jan 18, 1950, that I last saw the deceased alive on Jan 19, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh — ADDRESS 5609 Main St Elkridge — DATE SIGNED 27 Md 1/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/21/50	NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. Jan 20-50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

156 V9

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00161

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore County Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville. LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 86 Winters Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville.
STREET ADDRESS (If rural give location) 86 Winters Lane.

3. NAME OF DECEASED (Type or Print) (First) Marshall. (Middle) (Last) Bacon.

4. DATE OF DEATH (Month) Jan (Day) 25th (Year) 1950.

5. SEX Male.

6. COLOR OR RACE Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.

8. DATE OF BIRTH Jan 9th 1885.

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ellicott City, Howard County Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Bacon.

14. MOTHER'S MAIDEN NAME Rinah Todd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-14-7422.

17. INFORMANT Miss. Rita Bacon. (Daughter.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Occlusion	3 hrs
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive - Arterio-sclerotic	?
93d	(c) Heart disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1950, to 1-25, 1950, that I last saw the deceased alive on 1-25-, 1950 and that death occurred at 8.45A m., from the causes and on the date stated above.

SIGNATURE C. F. Maloney (Degree or title) MD. ADDRESS 57 Winters Lane Balto. 28. Md. DATE SIGNED 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Jan 29th 50. NAME OF CEMETERY OR CREMATORY Western Star Cemetery. LOCATION (City, town, or county) Baltimore County Maryland (State)

DATE REC'D BY LOCAL REG. January 28 1950 REGISTRAR'S SIGNATURE R.W. Hedrick

24. FUNERAL DIRECTOR Clifton L. Henson. ADDRESS 1120 Argyle Ave. City (1)

988 19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00162

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 410 Taylor Lane	STREET ADDRESS (If rural give location) 410 Taylor Lane

3. NAME OF DECEASED (Type or Print)	(First) Edith	(Middle)	(Last) Beloate	4. DATE OF DEATH	(Month) Jan.	(Day) 1 (Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-19-1878	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William H. Hall			14. MOTHER'S MAIDEN NAME Elizabeth Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Jesse Beloate 410 Taylor Lane.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemiplegia (Right)	57
334x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83d	(b) Hypertension	3
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-, 1949, to 1-1-, 1950, that I last saw the deceased alive on 1-1-, 1950, and that death occurred at 4.55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. H. Maloney	Md	57 Winters Lane Balto 28	1/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-4-50	Christus Mun	Balto Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/3/50	H. W. Hedrick Dep	Mrs Frances A. Humphrey	W. Biddle St 578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00163

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 17yr-11mo-20da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland
STREET ADDRESS ? (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ida; (Middle) -; (Last) Boyer
4. DATE OF DEATH: (Month) 1 - (Day) 22 - (Year) 1950
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated
8. DATE OF BIRTH: 1892?
9. AGE last birthday: 58? yrs. If under 1 year: Months. ? Days ? If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Miller
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital record, Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the uterus with metastases	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia and emaciation	"
174X 486	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1932, to 1-22, 1950, that I last saw the deceased alive on 1-22, 1950, and that death occurred at 2:30 am m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Supt., SGSH, Catonsville-28, Maryland 1-22-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY: Dept. of Anatomy | LOCATION (City, town, or county) (State): Univ. of Md. Med School

DATE REC'D BY LOCAL REG. 2-1-50 | REGISTRAR'S SIGNATURE: A. W. Hedrick M.D.

24. FUNERAL DIRECTOR ADDRESS: University of Md. Medical School

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150 cm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00164

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - Dundalk — LENGTH OF STAY (In this place): 4 Mos —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8216 Northview Road. Note - Dundalk.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clarksburg —
STREET ADDRESS (If rural, give location): RURAL —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	Rebecca A	BRIGGS	January 26 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Wh.	Widow	11-18-1864	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lisbon Howard Co.	

13. FATHER'S NAME: Thomas Peddecord
14. MOTHER'S MAIDEN NAME: Laggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Edgar Co. Briggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 4 Mos —

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A-S-C-V Disease — 10 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1, 1949 to JAN 26, 1950, that I last saw the deceased alive on JAN 11, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M D Davis MD		6800 Mountain Road - Dundalk Md.	1/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 28-1950	Forest Oak Cemetery	Gaithersburg	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 26-1950	V. M. Kelly Jr.	Ernest C. Gartner, Gaithersburg	Md.

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00165

CERTIFICATE OF DEATH

Reg. Dist. No. 4 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg — LENGTH OF STAY (in this place) 25yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Fullerton Heights Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural give location) 27 Fullerton Heights Ave.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) C. (Last) BROWN
4. DATE OF DEATH: (Month) January (Day) 25th (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 16, 1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): molder
10b. KIND OF BUSINESS OR INDUSTRY: factory
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alexander Brown
14. MOTHER'S MAIDEN NAME: Sarah Jane Cullimore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-12-6301
17. INFORMANT: Mr. Louis A. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 3 days

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri Sclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 19 50, to Jan 25, 19 50, that I last saw the deceased alive on Jan 24, 19 50, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE Edward Benson (Degree or title) ADDRESS W. Ostend Ave DATE SIGNED 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify) burial — DATE THEREOF Jan. 28th 1950 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 27 50 — REGISTRAR'S SIGNATURE Mrs. B. L. Reisinger

24. FUNERAL DIRECTOR Lansdale Funeral Home — ADDRESS 7401 Belair Road.

496-99

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00165

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1818 McCulloh Street ✓

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) G. (Last) BRUCE

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/22/95

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Veal Bruce

14. MOTHER'S MAIDEN NAME: Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm.Hosp.Ft.Howard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PULMONARY EMBOLISM	24 hrs.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombophlebitis, Left Calf	Unknown
	(c)	

463 X
100 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Jan. 4, 1950, to Jan. 18, 1950, [illegible] deceased [illegible], and that death occurred at 6:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] — ADDRESS: VAH Fort Howard, Md. — DATE SIGNED: 1-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-20-50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/19/50 — REGISTRAR'S SIGNATURE: H.W. Kedrick — 24. FUNERAL DIRECTOR: Charles R.Law — ADDRESS: 802 Madison Ave., Balto. Md.

DM

740-95

Evidence for change of birth date is shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 123 JAN 13 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MONKTON - RURAL
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MONKTON. RURAL
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) LILLY (Middle) CLOUDSLEY (Last) BULL

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: JAN-15-1864

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE CO

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THOMAS R. ROWE

14. MOTHER'S MAIDEN NAME: MARY PRICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Edgar T. Bull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 days

332 Antecedent cause(s)

83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1, 1950, to JAN 5, 1950, that I last saw the deceased alive on JAN 5, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE: A. M. Frame — (Degree or title): M.D. — ADDRESS: PARKTIN, MD. — DATE SIGNED: 1/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: JAN. 7-50 — NAME OF CEMETERY OR CREMATORY: HEREFORD BAPTIST — LOCATION (City, town, or county) (State): MONKTON MD.

DATE REC'D BY LOCAL REG.: Jan 7, 1950 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: Howard S. Markline — ADDRESS: White Hall Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00168

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard | LENGTH OF STAY (in this place): 106 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 516 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) A. (Last) BURY
4. DATE OF DEATH: (Month) January (Day) 17, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-3-78
9. AGE last birthday: 71 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Bury
14. MOTHER'S MAIDEN NAME: Katherine Ruhland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: ~~Unknown~~ 220-07-4742.
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHIOGENIC CARCINOMA, RIGHT LOWER LOBE	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	Unknown
	(c)	

162 x
47 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 10-3-, 1949 to 1-17-, 1950, that I last saw the deceased ~~alive on~~ ~~, 19~~, and that death occurred at 12:35 P.m., from the causes and on the date stated above.

SIGNATURE: Paul S. Gotsch, M.D. (Degree or title) | ADDRESS: VAH, Fort Howard, Md. | DATE SIGNED: 1-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 20-1950 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/19/50 | REGISTRAR'S SIGNATURE: Hilda Frederick

24. FUNERAL DIRECTOR: Chas. J. Schwab | ADDRESS: 3512 Frederick Ave., Balto., Md

278.60

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00169

CERTIFICATE OF DEATH

Reg. Dist. No. 3A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2903 Church Road

3. NAME OF DECEASED (Type or Print): (First) John H. (Middle) (Last) Butler

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 11, 1858

9. AGE last birthday: 91 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): lawyer & broker

10b. KIND OF BUSINESS OR INDUSTRY: real estate

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: x William Butler

14. MOTHER'S MAIDEN NAME: x Lydia Baron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John M. Butler 221 Upnor Road, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio vascular disease — ?

422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1949, to Jan. 29, 1950, that I last saw the deceased alive on Jan. 27, 1950, and that death occurred at 7 00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Harold A. Grotte, M.D. 8100 Harford Rd. 1/29/50

23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE THEREOF: 1 - 31 - 50 | NAME OF CEMETERY OR CREMATORY: Lorraine | LOCATION (City, town, or county) (State): Woodlawn Maryland

DATE REC'D BY LOCAL REG. 1/30/50 | REGISTRAR'S SIGNATURE: Rw. Hedrick DR

24. FUNERAL DIRECTOR ADDRESS: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place, Baltimore, Md.

Mitchell & Mitchell

V2681

VS. A15

00170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 yrs.

Hospital, institution, or street address where death occurred: 10 Payson Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No.: 10 Payson Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Rose E. Byers

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married

6.(b) Name of husband or wife: James E. Tyson Byers

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 3, 1892

8. AGE:

Years	Months	Days	If less than one day
57	7		..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business

FATHER
12. Name: Robert S. Davis
13. Birthplace: Unknown

MOTHER
14. Maiden name: Isabelle Keys
15. Birthplace: Unknown

16. Informant: Mr. J. E. Tyson Byers

Address: 10 Payson Ave. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5/50 (month) (day) (year)

Cemetery or crematory: Lorraine Park

Location: Woodlawn, Md.

18. Funeral director: Harry H. Nitzke

Address: 4101 Edmondson Ave.

19. 1/4 1950 (Date rec'd by registrar) B.W. Medick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 3/50 1950 at 6 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 17 1949 to Jan 3 1950 and that I last saw her alive on Jan 2 1950

Immediate cause of death: Carcinomatosis - liver lungs, intestine — DURATION: 3 mos

Due to: Carcinoma rt breast — Unknown

Due to: —

Other conditions: Jaundice

170 × 50 (Include pregnancy within 3 months of death)

Major findings of operations: Ca rt breast Date of op. June 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Stephen Lee Magnese MD M. D. or other

Address: Catonsville 28, Md Date signed: 1-3-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

60171

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; LENGTH OF STAY (in this place) 7 yrs. 3mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md.
STREET ADDRESS (If rural, give location) c/o Daughters of Eucharist

3. NAME OF DECEASED (Type or Print): (First) Sarah; (Middle) Byrne; (Last)

4. DATE OF DEATH: (Month) 1; (Day) 8; (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: about 1877 Unknown

9. AGE last birthday: 73 ? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing Factory operator

10b. KIND OF BUSINESS OR INDUSTRY: Factory

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hugh Byrne

14. MOTHER'S MAIDEN NAME: Ethel Esther Dougherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralytic ileus — Interval between onset and death: 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

584X
126

(b) Chronic chole lithiassis senility -

(c) Acute cholecystitis — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1942, to Jan. 8, 1950, that I last saw the deceased alive on 1/8/50, 19..., and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE Gordon Funk (Degree or title) ADDRESS Spring Grove State Hospital DATE SIGNED 1/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: Jan. 12. 1950; NAME OF CEMETERY OR CREMATORY: Cathedral; LOCATION (City, town, or county): Baltimore; (State): Md

DATE REC'D BY LOCAL REG.: Jan 10-50; REGISTRAR'S SIGNATURE: A W Hedrich

24. FUNERAL DIRECTOR: Rita Wiedefeld; ADDRESS: 900 E. Biddle St

496-44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00172

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 Seven Mile Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville.
STREET ADDRESS (If rural, give location) 32 Seven Mile Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Ann	Campbell	Jan	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	Widow	12/4/1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housework.	Nursing	Frederick Co. Md.	U.S.A.

13. FATHER'S NAME: Louis Yingling

14. MOTHER'S MAIDEN NAME: Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mary Louise Miller. 32 Seven Mile La.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Insufficiency	2 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis.	
420.1 562	(c) Hypertensive Cardiovascular Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritoneal Adhesions. Polyps of the Colon. Diverticulitis. Arthritis of the Spine

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	— m.		

22. I hereby certify that I attended the deceased from March, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Dalman M.D. 1413 Reisterstown Rd 1/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/30/50	Meadow Ridge	Washington Rd. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-30-50	Dr. E. E. Nichols per mw	Frank H. Newell 520-86 Pikesville, Maryland.

VS. A15

RECEIVED
JAN 31 1950
BUREAU U. S.

00173

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Pikesville~~
LENGTH OF STAY (In this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Pikesville~~ R.F.D., Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3201 Dorchester Road

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) (Last) CAPLAN
4. DATE OF DEATH (Month) 1- (Day) 6 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Dec 8 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer & Selling
10b. KIND OF BUSINESS OR INDUSTRY Real- Estate
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Max Caplan
14. MOTHER'S MAIDEN NAME Celia Wolf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs. Irene Caplan 3201 Dorchester Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melancholia	1 mo.
	(c) Bulbar Sclerosis	1 1/2 yrs.

975
183

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Woodholme Club (CITY OR TOWN) Pikesville (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) Jan (Day) 6 (Year) 50 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Found in Swimming Pool

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Med. Exam. (Degree or title) probable M.D. ADDRESS Reisterstown, Md. DATE SIGNED 1-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-8-50
NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong.
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 1-7-50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR Sol Levinson & Bros. ADDRESS 1124-26 W. North Avenue

276-81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 10 1950
BUREAU V. S.

00174

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDERWOOD
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OWING MILLS P.O.
STREET ADDRESS (If rural, give location) WARDS CHAPEL RD.

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) CHESTON (Last) CAREY
4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH DEC. 29, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME GEORGE GIBSON CAREY
14. MOTHER'S MAIDEN NAME SARAH ROSALIE MACGILL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT GEORGE G. CAREY JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) uraemia	5 days -
196 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) carcinoma of spine with metastases	1 year
55b	(c) to lung, Kidney,	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Jan. 28, 1950, that I last saw the deceased alive on Jan. 28, 1950, and that death occurred at 2 30 p.m., from the causes and on the date stated above.

SIGNATURE Charlotte McCarthy (Degree or title) M.D. ADDRESS Medical Arts Bldg Baltimore DATE SIGNED Jan. 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1-30-1950
NAME OF CEMETERY OR CREMATORY ST. THOMAS'
LOCATION (City, town, or county) (State) GARRISON FOREST MD.
DATE REC'D BY LOCAL REG. 1-30-50
REGISTRAR'S SIGNATURE H.W. Hedrick Dr.
24. FUNERAL DIRECTOR H.W. JENKINS & SONS ADDRESS 4905 YORK RD. BALTO., MD.

V3491

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

00175

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto #6 — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8031 Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton.
STREET ADDRESS (If rural, give location) Belair Rd. Perry Hall.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Waldo (Last) Carlisle.

4. DATE OF DEATH (Month) Jan (Day) 2 (Year) 1950

5. SEX Male. 6. COLOR OR RACE White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single. 8. DATE OF BIRTH Feby 25/1891 9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender 10b. KIND OF BUSINESS OR INDUSTRY Tavern. 11. BIRTHPLACE (State or foreign country) N.Y. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216-28-3711 17. INFORMANT Mr. Henry Mullhausen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Deputy Medical Examiner ADDRESS DATE SIGNED

Wm Carmine M.D. Balto. Co. Dundalk 22 Md 1/2/50

23. BURIAL, CREMATION REMOVAL (Specify) burial DATE THEREOF 1/5/50 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 1/3/50 REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider 24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

710-71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 6 1950
BUREAU V. S.

00175

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

35

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.
LENGTH OF STAY (in this place) 2yr 7mo 0da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13,
STREET ADDRESS (If rural, give location) 2201 Belair Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Cavanaugh (Last)

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 2/12/1861

9. AGE last birthday: 88 yrs. If under 1 year: Months 11 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Philip Zorback

14. MOTHER'S MAIDEN NAME: Mollie Rupport

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Block	indef.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular disease	"
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1947, to 1/12, 1950, that I last saw the deceased alive on 1/12, 1950, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

SIGNATURE Isadore Duerk, M. D. (Degree or title)

ADDRESS Catonsville 28, Maryland

DATE SIGNED 1/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1/16/50

NAME OF CEMETERY OR CREMATORY: Mt. Carmel

LOCATION (City, town, or county) (State): Balto.

DATE REC'D BY LOCAL REG. 1/13/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Philip Henry Sons

ADDRESS 2024 Orleans st

52086

MARYLAND STATE DEPARTMENT OF HEALTH

00177

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville, Towson P.O.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Raven Elementary School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto. City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1023 W. 43rd St.

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) C (Last) Chambers

4. DATE OF DEATH: (Month) Jan (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 16, 1921

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Short Creek W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jewel Chambers

14. MOTHER'S MAIDEN NAME: Odie Dyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Catherine Chambers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation — Interval Between Onset and Death: Sudden 1/23/50

925.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 182

(b) Buried under earth - cave in — Interval Between Onset and Death: Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Building Excavation (CITY OR TOWN): Baynesville, Towson (COUNTY): Balto. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 23 1950 10:59 A.m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Earth cave in, in excavation

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollins S. Hudson (Degree or title) M.D., D.M.E. ADDRESS: Towson, Md DATE SIGNED: 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 26/50 — NAME OF CEMETERY OR CREMATORY: Balto. National Am. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 1/24/50 — REGISTRAR'S SIGNATURE: A. W. Hedgecock

24. FUNERAL DIRECTOR: Mrs Robert A. Elliott & Daughter ADDRESS: 1129 N. Carolina St.

X VX99

00178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1301 Willow Road	STREET ADDRESS (If rural, give location): 124 S. Maderia St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): FRANCISKA (HUDY) CHUDY	4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	March 6, 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Poland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Szumilo		14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs Evelyn Williams, 124 S. Maderia St.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 mos. Aug 6, 1949
422.1 Antecedent cause(s)	(b) Myocarditis, chronic	2 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949, to Jan 23, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 9 a.m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
David H. Andrew	MD	2 Kinsley Rd Dundalk (22) Md	1/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/27/50	Holy Cross Polish	Baltimore Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/25/50	A. H. Hedrich	William Cook, Inc., 1217 St. Paul St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00179

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson; LENGTH OF STAY (In this place): 4 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium Towson 4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City; STREET ADDRESS (If rural give location): 1806 Eutaw Place.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) E (Last) Cline

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: June 17, 1909

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Baltimore City, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James O. Hardester

14. MOTHER'S MAIDEN NAME: Sarah Pfarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Personal History- Hospital Records Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval Between Onset and Death: 1 1/4 + 9 mos.

002 x Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1949, to 1-16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 10.15 p m., from the causes and on the date stated above.

SIGNATURE: W A Bridges (Degree or title) M.D. ADDRESS: Eudowood Sanatorium, Towson 4, Md. DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation — DATE: Jany. 18/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): 3801 Frederick Ave.

DATE REC'D BY LOCAL REG.: 1/17/50 — REGISTRAR'S SIGNATURE: H.D. Hedrick M.D. — 24. FUNERAL DIRECTOR: John O. Mitchell Sons — ADDRESS: 1901 Eutaw Pl.

V 3692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00180

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblestburg; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Holliday Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Garrison Road.

3. NAME OF DECEASED (Type or Print): (First) Rezin (Middle) B. (Last) Cole

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 31 1877

9. AGE last birthday: 72 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Cole

14. MOTHER'S MAIDEN NAME: Kitty Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-10-6897

17. INFORMANT: George Myers, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) BRONCHO-PNEUMONIA	48 hrs
422.1 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1948, to JANUARY, 1950, that I last saw the deceased alive on 1/27, 1950, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 1/29/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 30 1950

NAME OF CEMETERY OR CREMATORY: Carrolls Chapel

LOCATION (City, town, or county) (State): Baltimore Co.

DATE REC'D BY LOCAL REG.: 1-30-50

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons ADDRESS: Reisterstown, Md.

520-86

RECEIVED
FEB 1 1950
U. S.

00181

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (In this place) 52 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Lane & York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location) York Rd. & Church Lane

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) ALEXANDER (Last) CRAIG

4. DATE OF DEATH (Month) Jan. (Day) 24, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 15, 1899
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cockeysville Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Robert Craig
14. MOTHER'S MAIDEN NAME Mary Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1st World War
16. SOCIAL SECURITY NO.
17. INFORMANT Benj. Bussey, Texas, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Acute alcoholism~~ Carbon Monoxide (Poisoning)

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Asphyxiation due to carbon monoxide poisoning~~

180 (c) Acute Alcoholism — Change ordered by Dr Russell S. Fisher — (Ensor.)

322.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing tn the death but nnt related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) York Rd. & Church Lane
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 24, 1950 9:30 A m.
INJURY OCCURRED While at work ☐ Nnt while at work ☒
HOW DID INJURY OCCUR? Room afire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 700 Fleet St. Balto. 2, Md. DATE SIGNED Jan. 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 26 1950
NAME OF CEMETERY OR CREMATORY Jeroops
LOCATION (City, town, or county) (State) Cockeysville, Md

DATE REC'D BY LOCAL REG. Jan. 26, 1950
REGISTRAR'S SIGNATURE Wilmer C. Ensor Jr.
24. FUNERAL DIRECTOR Landon M. Brooks, ADDRESS Sparks, Md

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 30 1950
BUREAU V. S.

Evidence for addition in #18c shown on:

00182

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1 24 FEB 14 1950

CERTIFICATE OF DEATH

Reg. Dist. No. ~~35~~ 38

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 4 yr. 6 mo. 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sheppard & Enoch Pratt Hosp.	STREET ADDRESS (If rural give location) ----------

3. NAME OF DECEASED (Type or Print) (First) Margaret	(Middle) Ruth Pearce	(Last) Curry	4. DATE OF DEATH (Month) Jan.	(Day) 14,	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH April 16, 1859	9. AGE last birthday 90 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Josiah Pearce		14. MOTHER'S MAIDEN NAME Elizabeth Ann Wright			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Betty C. Farnum (daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocardial degeneration	5 yr +
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	5 yr +
108	(c) Lobar pneumonia - a terminal condition (2-14-50- ams.)	3 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 5 yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1945, to Jan 14, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry M. Murdoch M.D. — ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson - 4 Md. — DATE SIGNED 1/14/50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial	DATE THEREOF Jan. 17, 1950	NAME OF CEMETERY ~~OR CREMATORY~~ New Freedom	LOCATION (City, town, ~~or county~~) New Freedom (State) Penna.
DATE REC'D BY LOCAL REG. Jan 16 1950	REGISTRAR'S SIGNATURE Chester L. Fulton	24. FUNERAL DIRECTOR J. Jacob Hartenstein	ADDRESS New Freedom Pa.

W. C. Van Horn J.O.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 21 1950
BUREAU P. S.

Dr. Traband
3400 Woodbine Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

00183

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (In this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Woodlawn
STREET ADDRESS (If rural, give location): 9 Summerfield Road

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) George (Last) Dick

4. DATE OF DEATH: (Month) Jan. (Day) 21, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	June 16, 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Harford County, Maryland.	

13. FATHER'S NAME: William Dick

14. MOTHER'S MAIDEN NAME: Unknown Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Paul E. Dick - 9 Summerfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	48 hours
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 8, 1949, to January, 1950, that I last saw the deceased alive on January 12, 1950, and that death occurred at 1:45 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Millard T. Traband	M.D.	3400 Woodbine Avenue Balt. 7, Md	1/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan-24-50	Emory - Cemetery	Street - Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/50	H. W. Hedrick	Wm Cook Inc.	1217 St Paul St

3m

3089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

GG184

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Potomac Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesaco Park
STREET ADDRESS (If rural give location): 1 Potomac Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) S.K. (Last) Dietz

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 11, 1892

9. AGE last birthday: 57 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultry Dealer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Adam S.

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bertha S.Dietz 1 Potomac Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (e) Carcinoma - Stomach — Interval between onset and death: 1 year

151 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

46b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17/, 1949, to 1/5/, 1950, that I last saw the deceased alive on 1/5/, 1950, and that death occurred at 5A. m., from the causes and on the date stated above.

SIGNATURE: Benj. B. Moss (Degree or title): M.D. ADDRESS: 448 N. Luzerne Ave. DATE SIGNED: 1/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/9/50
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): 7225 Eastern Ave.

DATE REC'D BY LOCAL REG.: January 7th 1950
REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR / ADDRESS: Clarence F. Hoffmann 1639 Broadway.

496-60

00185

M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3014 White Avenue

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) P. (Last) DISNEY
4. DATE OF DEATH (Month) January (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-30-93
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY Union Trust Co.
11. BIRTHPLACE (State or foreign country) Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ulysiss Disney
14. MOTHER'S MAIDEN NAME Catherine Stumpner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia due to Unknown Cause — Unknown

490 x Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus due to unknown Cause — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 1-9-, 1950, to 1-10-, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 3.15 A.m., from the causes and on the date stated above.

A.G.P. SIGNATURE H.C. Manaugh (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft. Howard, Md. 1-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/13/50
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 12-50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Howard Blight Funeral Home, ADDRESS Balto., Md

Mildred T. Blight 6009 Harford Rd (14) 266-8V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00186

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Floral Park — LENGTH OF STAY (in this place) 66 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Floral Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1600 Ingleside Ave.,	STREET ADDRESS (If rural, give location) 1600 Ingleside Ave.,

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle)	(Last) Eberhart	4. DATE OF DEATH	(Month) Jan. (Day) 14, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov.5,1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	10b. KIND OF BUSINESS OR INDUSTRY Real Estate Firm	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? Usa		
13. FATHER'S NAME John Eberhart		14. MOTHER'S MAIDEN NAME Mary, don't know			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Caroline J.Eberhart			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio vascular

93d (c) disease

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo Schieffer M.D. Dep Med Exam Balto Co — ADDRESS 1010 Leeds ave — DATE SIGNED 1-16.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-17-50	NAME OF CEMETERY OR CREMATORY Lorraine Park	LOCATION (City, town, or county) Woodlawn. (State) Md.
DATE REC'D BY LOCAL REG. 1/16/50	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR G.Howard Strong	ADDRESS 3207 W.North Ave.,

Dm

336-81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

06187

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ellicott City
LENGTH OF STAY (in this place): 61 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oella Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Ellicott City
STREET ADDRESS (If rural give location): Oella A venue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	CATHERINE	ESPEY	January	7,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	March 12, 1888.	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Warpers Helper	Woolen Mill	Maryland	U.S.

13. FATHER'S NAME: Thomas C. Espey
14. MOTHER'S MAIDEN NAME: Sarah Jane Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-09-6229	Mrs. A lice Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease — 2 yr.

422.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
932
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-8, 19 47, to 1-7, 19 50, that I last saw the deceased alive on 1-7, 19 50, and that death occurred at 11 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George E. Burgtorf	M.D	Ellicott City	1-9-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/50	Good Shepherd Cemetery	Ellicott City, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-9-50	W. E. Harris	Easton Sons	Ellicott City, Md.

496-OV

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00188

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Off Belair Rd. near Silverspring Inn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
STREET ADDRESS (If rural, give location): Northwind Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vincent	Jeffrey	Evans	Jan.	23,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	July 28, 1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Evans
14. MOTHER'S MAIDEN NAME: Minnie Knipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs. Dorothy Evans, Northwind Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound of head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

976 X
164 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street
(CITY OR TOWN) (COUNTY) (STATE): Northwind Rd., Baltimore, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): Either Jan. 22 or 23, 1950
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. J. McClafferty, M.D.		700 Fleet St., Balto. 2, Md.	Jan. 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-26-50	Holy Redeemer	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/50	A. W. Hedrich	Leonard J. Ruck	5305 Harford Road.

15609

MARYLAND STATE DEPARTMENT OF HEALTH

00189

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore-14 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. | LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2710 Lodge Farm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE AS. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IN
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED (Type or Print): (First) GREEN (Middle) TURNER (Last) FAISON
4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3 1875
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DIGGING
10b. KIND OF BUSINESS OR INDUSTRY: Cellars - wells etc
11. BIRTHPLACE (State or foreign country): Halifax Co. N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Faison.
14. MOTHER'S MAIDEN NAME: Louise (last name known).
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lavenia Faison.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure with anasarca	7 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	2 yrs.
	(c) Tertiary Lues.	10 to 14 yrs.

029X
30g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov., 1947, to Jan 3, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 3 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 North Point Rd Balto-19-Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/8/1950 | NAME OF CEMETERY OR CREMATORY Mt Calvary Cem | LOCATION (City, town, or county) B. C. Co | (State) Md

DATE REC'D BY LOCAL REG. 1/5/50 | REGISTRAR'S SIGNATURE H.W. Hedrick | 24. FUNERAL DIRECTOR Rayner Sanders | ADDRESS 1412 E. Preston St

988 V9

CERTIFICATE OF DEATH 3

Registered No. 00190

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Vallie May Flint

2. DATE OF DEATH: January 5, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 284 Maple Ave.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 284 Maple Ave.

5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Aug. 16, 1882
9. AGE (In years last birthday): 67 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Samuel McKinney
14. MOTHER'S MAIDEN NAME: Sarah Gangloff

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frederick E. Flint, ADDRESS: 284 Maple Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

DUE TO

331x ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

83a

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1950, *to* Jan 5, 1950, *that I last saw the deceased alive on* Jan 5, 1950 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23A. SIGNATURE: M B Davis M.D. M. O.
23B. ADDRESS: 6800 Morrison Road Dundalk
23C. DATE SIGNED: 1/6/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 9, 1950
24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 10 - 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR: Roland L. Fisher, ADDRESS: 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale Rural, Baltimore
LENGTH OF STAY (in this place) 2½ Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 952 Rosedale, Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Count
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) 952 Rosedale Ave

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Teresa (Last) Fogerty
4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 18, 1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binding
10b. KIND OF BUSINESS OR INDUSTRY Publishing Co.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Joseph Fogerty
14. MOTHER'S MAIDEN NAME Francis Aloysia Rock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	72 hrs.
420.0 Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	Not determined
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 24, 1949 to 7 Jan, 1950, that I last saw the deceased alive on 7 Jan, 1950, and that death occurred at 8:45A m., from the causes and on the date stated above.

SIGNATURE Charles M. Kerr M.D. (Degree or title) ADDRESS 815 Eastern Ave, Essex DATE SIGNED Jan 7, 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jany 11/1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. Jan 9-49
REGISTRAR'S SIGNATURE A. H. Hedrick
24. FUNERAL DIRECTOR Harry N. Armacost ADDRESS 4204 Ridgewood Ave

496-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00192

CERTIFICATE OF DEATH

Reg. Diat. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution or street address where death occurred: Gerst Rd near Falls Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Gerst Road near Falls Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Cora Julia Forwood

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Widowed

6.(b) Name of husband or wife: Benj. Forwood

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug 26, 1889

8. AGE: Years	Months	Days	If less than one day
60	4	12	hrs. min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Mrs. Gerald M. Ensor
Address: Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 11 1950 (month) (day) (year)

Cemetery or crematory: Grace Meth. Church

Location: Falls Rd., Catonsville Md.

18. Funeral director: Landon M. Bowles

Address: Sparks, Maryland

19. Jan. 10, 1950 (Date rec'd by registrar) Wilmer C. Ensor M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 8 1950 at 7 06 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1- 1932 to 1-8- 1950

and that I last saw her alive on 1-7- 1950

Immediate cause of death	DURATION
Coronary occlusion	10 Min.
Due to: Myocarditis	
Due to: Hypotension	
Other conditions: Auricular fibrillation	

430.1 934

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James L. Saffell M. D. or other

Address: Reisterstown, Md. Date signed: 1/8/50

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00193

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital
STATE: MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
STREET ADDRESS (If rural give location): 18 Blank St.

3. NAME OF DECEASED (Type or Print): (First) DORIS (Middle) HENRIETTA (Last) FRAZIER

4. DATE OF DEATH: (Month) January (Day) 31, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/15/1898

9. AGE last birthday: 51 yrs. If under 1 year: Months 1 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kratz

14. MOTHER'S MAIDEN NAME: Julia Ey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Hypertensive cardio-vascular disease — Interval between onset and death: unknown

441X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Congestive heart failure — 13 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1950, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 31, 1950, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) ADDRESS Spring Grove Hospital, Catonsville 28, Md. DATE SIGNED 2/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 3, 1950

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG. 2/3/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Roland L. Fisher

ADDRESS: 2102 Dundalk Ave.

00194

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3B

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills (Rural) LENGTH OF STAY (in this place) 4 yrs 3 mos 8 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 3227 Lake Ave.

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) August (Last) Freidel
4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1/31/37
9. AGE last birthday 12 yrs. If under 1 year Months 11 Days 14 If under 24 hrs. Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate Rosewood
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Henry Freidel
14. MOTHER'S MAIDEN NAME Edith Mary Hughes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Institutional records, Rosewood -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchv. Pneumonia, acute	27 days -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchitis, acute	3 days -
	(c)	

491X
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy grand mal with quadriplegia — Birth

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Dec, 1949, to 16 Jan, 1950, that I last saw the deceased alive on 16 Jan, 1950, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry G. Butler, M.D. ADDRESS Owings Mills, Md DATE SIGNED 16 Jan 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan 20/50 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Baltimore (State)
DATE REC'D BY LOCAL REG. 1/19/50 REGISTRAR'S SIGNATURE R.W. Hedrick Dep. 24. FUNERAL DIRECTOR Philip Sherwig Sons ADDRESS 2024 Eutaw St

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

BC195 33

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 620 Main St.

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) CHURCHILL (Last) GARMAN. JR.

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov 6, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WARREN CHURCHILL GARMAN

14. MOTHER'S MAIDEN NAME: Florence Cooke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.

(If year, give war or dates of service): no.

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Warner Garman (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decompensation — Interval Between Onset and Death: 5 days.

527.1 / 95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Emphysema — 18 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 2-12, 1948, to 1-29, 1950, that I last saw the deceased alive on 1-28, 1950, and that death occurred at 10:30A m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 1-29-'50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/1/50 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 1-30-50 — REGISTRAR'S SIGNATURE: H. W. Hedges Jr. — 24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

254-95

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00196

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (djm)

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 1806 Maxwell Avenue

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) (Last) GAVELDA

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single.

8. DATE OF BIRTH: Mar. 16, 1894

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Steel Co.

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholism

3220 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 77c

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from:* natural causes ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Earl L Royer M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 1-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: Jan. 10, 1950 — NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan. 10-1950 — REGISTRAR'S SIGNATURE: H. M. Kelly Jr.

24. FUNERAL DIRECTOR — ADDRESS: Roland L. Fisher, Dundalk, Md.

340-24

VS. A15A

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00197

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 4 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Carr.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSIAH	G.	GEMPP	January 1 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	8-4-89	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Interior Decorator		Baltimore, Md	USA

13. FATHER'S NAME: FREDERICK W. GEMPP
14. MOTHER'S MAIDEN NAME: Elizabeth Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes WW-I	213-05-7548	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 Mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Decompensating heart	over 2 yrs
	(c)	

434.3
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. McCarmine M.D.	Deputy Medical Examiner Balto. Co.	Dundalk 22 Md	1/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4/60	Snydersburg Cemetery	Carroll County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-4-50	Dawson L. Harbin	Edw. C. Tipton, Hampstead, Md.	

340-V9

RECEIVED
JAN 6 1950
BUREAU U. S.

00198

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 24 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3310 CORNWALL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 3310 CORNWALL Rd.

3. NAME OF DECEASED (Type or Print) (First) LILYIAN (Middle) GERTRUDE (Last) GERMYER
4. DATE OF DEATH (Month) JAN (Day) 10 (Year) 1950
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH 8, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) PHILADELPHIA PA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN F. BROSS
14. MOTHER'S MAIDEN NAME LITIA J. JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-16-8184
17. INFORMANT WM. C. GERMYER, HUSBAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

170x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10 APRIL, 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 10 Jan, 1950, that I last saw the deceased alive on 5 Jan, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 2900 Dunsan Rd. DATE SIGNED 10 Jan. '50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 13 JAN. 1950
NAME OF CEMETERY OR CREMATORY NORTH CEDAR HILL
LOCATION (City, town, or county) GERMANTOWN, PHILA. (State) PA.
DATE REC'D BY LOCAL REG. Jan 11-50
REGISTRAR'S SIGNATURE A. W. [signature]
24. FUNERAL DIRECTOR Walter Brooks Bradley, ADDRESS Dundalk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

00199

2411 N. Charles Street, Baltimore

FILM No. G 124 FEB 1 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) B. 1940 Rt. 15 zone 20

3. NAME OF DECEASED (Type or Print) (First) Sophia (Middle) (Last) Gornowitz

4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 12/10/78
9. AGE last birthday 71 73 yrs. If under 1 year Months 1 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Michael Gumnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion, Sudden 2 days.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from Jan. 21, 1950, to Jan. 23, 1950, that I last saw the deceased alive on Jan. 21, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE Irving R Beck (Degree or title) M.D. ADDRESS 901 Fuselage Av Baltimore 20 Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/05/50
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 1/24/50
REGISTRAR'S SIGNATURE A. W. [illegible]
24. FUNERAL DIRECTOR J J Bruzdzinski ADDRESS 1407 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00200

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH

County: Baltimore

City or town: Sparrows Point, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 53 yrs

Hospital, institution, or street address where death occurred: 711 I Street

How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparrows Point

(If outside city or town limits, write RURAL and give nearest town)

Street No. 711 I Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: LUTHER GRANT

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife: Elizabeth Thomas Grant (Deceased)

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): May 15, 1865

8. AGE: Years	Months	Days	If less than one day
84	7	21	7 hrs. 2 min.

9. Birthplace: Charlotte County, Va.

(Town, county, and state)

10. Usual occupation: Ladle Dumper

11. Industry or business: Steel Plant

FATHER

12. Name: Moses Grant

13. Birthplace: Charlotte County, Va.

MOTHER

14. Maiden name: Lucy ?

15. Birthplace: ?

16. Informant: Mandy Blanche Robinson

Address: 711 I Street Sparrows Point, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-9-50 (month) (day) (year)

Cemetery or crematory: Mt. Calvary

Location: G. A. Co. Md.

18. Funeral director: Samuel W. Cullman Jr

Address: 1011 N. Arlington Ave

19. Jan 9 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 6, 1950, at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 3, 1949, to January 6, 1950

and that I last saw him alive on January 6, 1950

	DURATION
Immediate cause of death: Broncho-Pneumonia	1½ Days
Due to: Degenerative Heart Disease	3 yrs.
Due to: Senility	—
Other conditions: 4222 934	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: William C. Hobe, M.D. M. D. or other

Address: 140 Oak Ave # 22 Date signed 1-6-50

9834

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

00201

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Recedo Knoll Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1121 Ellicott Driveway

3. NAME OF DECEASED (Type or Print): (First) NAOMI (Middle) JEANETTE (Last) GREEN

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jun. 8, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hoem

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William M. Caldwell

14. MOTHER'S MAIDEN NAME: Laura C. Clemments

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. William C. Caldwell 3100 Presbury St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Dilatation — 3 days

450.0 Antecedent cause(s)
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Jan. 22 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 1.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney L. Levy M.D. ADDRESS 2322 Eutaw Pl. DATE SIGNED 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1/25/50
NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan 23-50
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS INC. BALTO. MD.
ADDRESS

VS. A15

00202

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 812 Register Ave

3. NAME OF DECEASED (Type or Print): (First) Adena (Middle) Griffin (Last)
4. DATE OF DEATH: (Month) Jan (Day) 5th (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: about 1865
9. AGE last birthday: about 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wm T. Stephens 4818 Palmer Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

4222 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Infectious arthritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 1/5, 1950, that I last saw the deceased alive on 1/5, 1950, and that death occurred at 4 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Myles W. Colby — ADDRESS 6703 Harford Rd — DATE SIGNED 1/5/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 1/7/50 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 1/6/50 — REGISTRAR'S SIGNATURE H W Hedrick

24. FUNERAL DIRECTOR — ADDRESS Wm Cook Inc 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00203

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hospital,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 401 E. 24th St.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) J. (Last) GROSS

4. DATE OF DEATH: (Month) January (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/11/99

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Apt. House

11. BIRTHPLACE (State or foreign country): Bryantown, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Clinical Records,Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial failure — 2 weeks

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertensive Cardiovascular Disease — 3 - 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-23, 1949, to 1-10, 1950, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. — (Degree or title): Chief Pro. Services. — ADDRESS: VAH ., FORT HOWARD, MD. — DATE SIGNED: 1-11-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 1-13-50 | NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL | LOCATION (City, town, or county) (State): BALTO. MD

DATE REC'D BY LOCAL REG.: Jan 12-50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Chas. R. Law | ADDRESS: 802 Madison Ave

740-81

MARYLAND STATE DEPARTMENT OF HEALTH 00204

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Armacost Nursing Home, 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge
STREET ADDRESS (If rural, give location): 6104 Old Washington Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELIZA	ELLEN	HAMILTON	Jan.	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Feb. 11, 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Ohio	

13. FATHER'S NAME: George Finnell
14. MOTHER'S MAIDEN NAME: - Greer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage / Left Hemiplegia Complete

331 x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83 a (b) Hypertension

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug., 1948, to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence C. Fox	M.D.	6505 York Rd. Baltimore 12 Md	1/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/24/50	Meadowridge Mem. Pk.	Howard Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/50	A. W. Hedrick	WM. J. TICKNER & SONS	Balto. Md.

VS. A15

To be approved by the chief Medical Examiner

00205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Hood's Nursing Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3912 Cranston Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mae Hamilton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Ormon T. Hamilton, Sr.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 31, 1883

8. AGE: Years 66 | Months 7 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Anthony Hofstetter
13. Birthplace: --

MOTHER
14. Maiden name: Josephine Veight
15. Birthplace: -----

16. Informant: Ormon T. Hamilton, Jr.,
Address: 3912 Cranston Ave.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan. 9/50 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: 4300 Old Frederick Rd.

18. Funeral director: Harry H. Wintzfe
Address: 4101 Edmondson Ave.

19. 1-9-50 19 (Date rec'd by registrar) V. E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6/50 19 ....., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1947, to Jan 6 1950
and that I last saw her alive on Jan 5 1950

Immediate cause of death: respiratory failure due to cerebral arteriosclerosis with thrombosis — DURATION: 4 days
Due to: generalized arteriosclerosis
arteriosclerotic cardio — 2½ years
Due to: vascular disease

Other conditions: 422.1 186a (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: fracture of hip Date of: July 9, 1949
Where did injury occur? 3912 Cranston Ave (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) home
Means of injury: fell from her bed during an epileptic attack Injured at work? no

XVX 99

23. SIGNATURE: George H. Kupp (M. D. or other)
Address: 3030 Edmondson Ave. Date signed: 1/7/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 11 1950
BUREAU V. S.

00206

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 1 yr 10 mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St.Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) O. (Last) HARPER
4. DATE OF DEATH (Month) Jan. (Day) 29 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug. 30, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John W. Harper
14. MOTHER'S MAIDEN NAME Elizabeth Dowling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) atelectasis of left lung

936.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to hemorrhage into left

195e (c) Chest cavity due to fracture of 7-8-9-10 + 11 ribs on left

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) Not known m.
INJURY OCCURRED While at work [ ] Not while at work [X]
HOW DID INJURY OCCUR? dont know

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. M. Kieffer Jr. Deep Head Elm Balto 1010 Leeds ave 6-29 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 1-50
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemet
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 1-30-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Timothy Hanlon Funeral Home
ADDRESS 641-H St N.E. DC

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06267

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place): 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 410 East E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cecil (Middle) J. (Last) Holland Sr.
4. DATE OF DEATH (Month) Jan (Day) 23 (Year) 50

5. SEX: male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 13/1900
9. AGE last birthday: 43 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cut Shell Co. R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Railroading
11. BIRTHPLACE (State or foreign country): Cedartown Ga.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Tatum Holland
14. MOTHER'S MAIDEN NAME: Fanny Taylor.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) w. w. 2
16. SOCIAL SECURITY No.
17. INFORMANT: Frances Holland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide poisoning. Immediate

972X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (gas.)

163H (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Sparrows Point. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Jan (Day) 23 (Year) 1950 (Hour) 6 A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Turned on gas in kitchen area

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, and that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. W. Carmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS: Balto. Ave. Dundalk 22 Md. DATE SIGNED: 1/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan. 25, 1950
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county): Baltimore, (State) Md.

DATE REC'D BY LOCAL REG.: 1-24-50
REGISTRAR'S SIGNATURE: W
24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. ADDRESS

49647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

T.

00208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 5004 Govane Ave

3. NAME OF DECEASED (Type or Print): John Harry (Last) (Middle) (Last) OR Harry V. Hottes

4. DATE OF DEATH (Month) (Day) (Year): Jan 5 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-15-1889
9. AGE last birthday: 60 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: L Greif & Bros
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Hottes
14. MOTHER'S MAIDEN NAME: Julia E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 214-01-3412
17. INFORMANT AND ADDRESS: Mrs. M.E. Hottes - 5004 Govane Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia C

Antecedent cause(s)

422.1 (b) Arteriosclerotic Cardiovascular Disease

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23, 1949, to 1-5, 1950, that I last saw the deceased alive on 1-5, 1950, and that death occurred at 6:35 P m., from the causes and on the date stated above.

SIGNATURE: Isadore Fuchs (Degree or title) ADDRESS — DATE SIGNED: 1-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/9/50 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: Jan 9-50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Leonard J. Kuck - 5305 Harford Rd. — ADDRESS

266-06

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

00209

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9 Beaumont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 9 Beaumont Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARTHUR	HOWARD	ISAACS	Jan.	18	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan. 17, 1869	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman (rtd)	Wholesale Drygoods	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Isaacs	Sarah Lucy Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs. Cora Tabler Isaacs - 9 Beaumont Ave. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) URAEMIA.	1 wk
444 **Antecedent cause(s)**	Arterial Hypertension.	2 1/2 yr
132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from Feb, 14, 1947, to Jan, 18, 1950, that I last saw the deceased alive on Jan, 17, 1950 and that death occurred at 2:30 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
D. Lloyd Johnson	Catonsville	Jan, 19, 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/50	Grace Cem.	Elkridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-19-50	A. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

DM

27860

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06210

CERTIFICATE OF DEATH

Reg. Dist. No. 44

FILM No. G 1 24 FEB 21 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1511 McCulloh Street ✓

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) - (Last) JAMES, Jr.

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-20-1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Towson, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert James

14. MOTHER'S MAIDEN NAME: Eliza Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 217-07-4084

17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Hosp.Ft.Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARCINOMATOSIS, DURATION UNKNOWN	Unknown
Antecedent cause(s)	Primary site unknown (2/21/50 akc)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Unknown	
	(c) None	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 12-28, 1949, to 1-13, 1950, that I last saw the deceased on 1-13, 1950, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE: Roy E. McDonald M.D. (Degree or title)

ADDRESS: VAH Fort Howard, Md.

DATE SIGNED: 1/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1-18-50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1/16/50

REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law, 802 MadisonAve. Balto. Md.

CERTIFICATE OF DEATH

Registered No. 38

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Joseph Jirmer Jr.

2. DATE OF DEATH: Jan. 21, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland — Balto. Co. (Same)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkwood — 3027 Edgewood Ave

C. Length of stay in Baltimore: 3 Yrs. 1 Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: Balto.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3027 Edgewood Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Male	White		Jan. 8, 1947	3	13	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Jirmer SR.
14. MOTHER'S MAIDEN NAME: Teresa Meninger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father — ADDRESS: same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Medulloblastoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

DUE TO

(B)

DUE TO

(C)

193X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

54a

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION: June 1949
19B. MAJOR FINDINGS OF OPERATION: (same as above)
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1949, *to* Jan. 21, 1950, *that I last saw the deceased alive on* Jan. 21, 1950, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. Butler Grimes M.D.
23B. ADDRESS: 100 W. University Parkway
23C. DATE SIGNED: Jan. 21/1950

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/24/50
24C. NAME OF CEMETERY OR CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 1/23/50
REGISTRAR'S SIGNATURE: A. W. Hedrick
25. FUNERAL DIRECTOR: Leonard J. Luck
ADDRESS: 5305 Harford Rd.

VS 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change in 18 shown on: ~~(over)~~

00212

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 124 JAN 31 1950

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS/A15

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Howard
LENGTH OF STAY (in this place) 1 mo. 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 909 N. Carey Street

3. NAME OF DECEASED (Type or Print): (First) Henson (Middle) J. (Last) Johnson, JR.

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5/3/23

9. AGE last birthday: 26 ~~27~~ yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hosp. orderly

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henson Johnson Sr.

14. MOTHER'S MAIDEN NAME: Edna Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 214-20-8644

17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm. Hosp Ft Howard Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ~~6 mos.~~ Unk

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from Nov. 30, 1949, to Jan. 20, 1950, that I last saw the deceased ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Merle S. Scher MD

ADDRESS: VAH Fort Howard, Md.

DATE SIGNED: 1/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: 1-23-50

NAME OF CEMETERY OR CREMATORY: MOUNT CALVERY CEMETERY

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan 23-50

REGISTRAR'S SIGNATURE: A W. Hedrick

24. FUNERAL DIRECTOR: Charles Law, 802 Madison Ave, Balto, Md.

79092

Evidence for change of age shown on:
FILM NO, G 124 Feb. 1, 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00213

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 12yr-10mo-19da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Baltimore City Hospitals

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Kadlich

4. DATE OF DEATH: (Month) 1 - (Day) 21 - (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-14-1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months: 1 — Days: 7 — If under 24 hrs.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: carpentry

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U.S.?

13. FATHER'S NAME: Carle Kadlich

14. MOTHER'S MAIDEN NAME: Helen Vincan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital records, Catonsville-28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	5 days
442 Antecedent cause(s)		
B1a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Renal Disease	? years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis — 12 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1937, to 1-21, 1950, that I last saw the deceased alive on 21 Jan, 1950, and that death occurred at 8.30 A.m., from the causes and on the date stated above.

SIGNATURE Frank Kadlich (Degree or title) M.D. ADDRESS Spring Grove State Hospital, Catonsville-28, Md. DATE SIGNED 1-21-50

William Cochran Fyon

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Dept. of Anatomy, Univ. of Md. Med. School

DATE REC'D BY LOCAL REG. 2-1-50 | REGISTRAR'S SIGNATURE C. H. Hedrich | 24. FUNERAL DIRECTOR | ADDRESS

J. University of Md. - Medical School

308V4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

148 Ho.
175 am

RECEIVED
FEB 1 1950
BUREAU V. S.

Evidence for addition of 8 & 9 shown on:
FILM No. G 123 JAN 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

00214

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Middle River MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2118 Oakland Ave	STREET ADDRESS (If rural, give location) 2118 Oakland Ave - Middle River

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis		Kaplan	1	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	Aug. 14, 1884	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Shoemaker		Russia	Russia

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Anna G. Tobachnick - 2171 Oakland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchogenic Carcinoma Lungs	7 months
162x Antecedent cause(s)		
47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 5, 1947, to Jan 7, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Lewis Kolodny	MD	45 Edgevale Apts. Baltimore 21	1/7/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-8-50	Herring Run	Balto.	Md

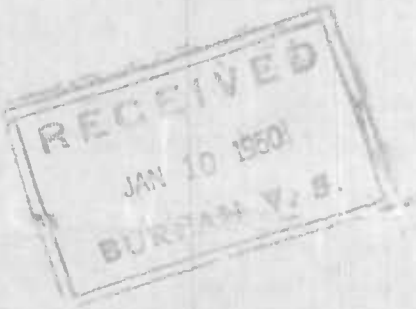
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-10-50	C. W. Hedrick	J. Jack Lewis Inc.	2100 Eutaw Place

496-89

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



C.H.O.

COPY SENT TO ~~LOCAL REGISTRAR No.~~ DATE 1-10-60

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00215

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 4yr3ms.11days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural, give location): 812 N. Patterson Park Ave.

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) (Last) KLUEBER			4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1950		
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: August 1878	9. AGE last birthday: 71 yrs.	If under 1 year: Months 5, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: George Klueber			14. MOTHER'S MAIDEN NAME: Wilhelmina Degele		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)		16. SOCIAL SECURITY No.: ---	17. INFORMANT AND ADDRESS: Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apopletic stroke on basis of cerebral arteriosclerosis	acute
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1945, to 1-14-, 1950, that I last saw the deceased alive on 1-14-, 1950, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) Isadore Tuerk, M. D. — ADDRESS: Spring Grove State Hosp. Catonsville-28, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan 17/50	NAME OF CEMETERY OR CREMATORY: Baltimore Conn	LOCATION (City, town, or county) (State): Balto Md
DATE REC'D BY LOCAL REG.: 1/16/50	REGISTRAR'S SIGNATURE: A W + Hedrick	24. FUNERAL DIRECTOR: Philip Herwig Sons, 2024 Orleans St	ADDRESS

XVK99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00216

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
MARYLAND
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisters Town.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	L.	KNELL	1 —	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	W.	W.	12/24/1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Caretaker		MD	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK L. KNELL	MARY A HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		Mrs Charles HeinzenBerger. 219 Monastery Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	50 hrs
443 Antecedent cause(s)		
T3d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C. V. DISEASE	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JULY, 1948, to JAN 3, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	1/3/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-6-1950	Greenmount	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/5/50	D.W. Hedrick D.R.	J. Howard Strong	3207 W. North Ave

988-99

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00217

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green - (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Mary (Last) Krabill

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1950

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Feb 9th 1870.

9. AGE last birthday 79 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New Starck, Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Eleanor Bosserman

14. MOTHER'S MAIDEN NAME Mary Thoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Lewis Natzinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Severe hematemesis or hemoptisis (possibly, rupture of aortic aneurysm)

451 X Antecedent cause(s)

92 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Umbilical hernia - Urinary tract infection - mitral insufficiency

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1950, to Jan 25, 1950, that I last saw the deceased alive on Jan. 23, 1950, and that death occurred at 7 15 p.m., from the causes and on the date stated above.

SIGNATURE John F. Noguera (Degree or title) MD. ADDRESS Kingsville - Md. DATE SIGNED Jan. 25/50

23. BURIAL, CREMATION REMOVAL (Specify) Buried

DATE Jan. 28th

NAME OF CEMETERY OR CREMATORY Denton Cemetery

LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REG. 1-28-50

REGISTRAR'S SIGNATURE Wm D. O'Gorge Dr. Walter M. Hammett

24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS "

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 FEB 15 1950

00218

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS Yienger Convalesant Home	STREET ADDRESS 8302 Lages Ave (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Oscar Edward (Middle) (Last) Lages			4. DATE OF DEATH (Month) Jan. 12 (Day) (Year) 1950		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15 1885	9. AGE last birthday 64 ~~63~~ yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Baltimore Co. Md	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles T. L. Lages			14. MOTHER'S MAIDEN NAME Amelia Snyder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Philip H. Lages		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 1/12, 1950, that I last saw the deceased alive on 1/12/, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. E. Martin	M.D.	Randallstown	1/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 14 1950	NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	LOCATION (City, town, or county) (State) Randallstown Balto. Co. Md
DATE REC'D BY LOCAL REG. 1/13/50	REGISTRAR'S SIGNATURE Wm. E. Martin	24. FUNERAL DIRECTOR Willis Lamoreau	ADDRESS 4510 Liberty Hgts Ave

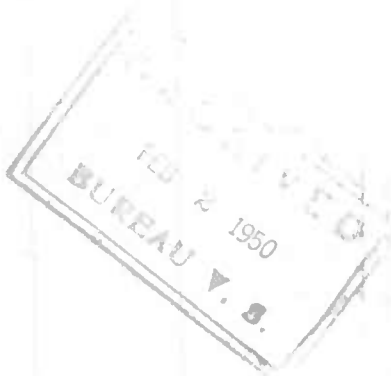
308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I


FEB 2 1950
BUREAU V. S.

00219

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 8710 49th Ave.

3. NAME OF DECEASED (Type or Print) (First) Laramie (Middle) B. (Last) LaMarr
4. DATE OF DEATH (Month) Jan. (Day) 5 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 3-1-1910
9. AGE last birthday 39 yrs. If under 1 year Months 10 Days 4 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a (c) Chronic Interstitial Nephritis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Deputed. ADDRESS DATE SIGNED
Ger. L. M. Kieffer M.D. Exam. Balto. Co. 1014 Leeds Ave 1-5-50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 1/7/50 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/6/50 REGISTRAR'S SIGNATURE R. W. Hedrick Dep.
24. FUNERAL DIRECTOR ADDRESS H. W. Meade and Son 805 N. Calvert St.

418.47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

00220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 422 S.Cornwall St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) C. (Last) Law.
4. DATE OF DEATH (Month) 1/ (Day) 12 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 11,1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waymaster Cottman Co
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John.
14. MOTHER'S MAIDEN NAME Katherine Heinlein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Merle Law.6607 Gary Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE(STROKE). 10 MO.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIO-SCLEROSIS

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1949, to 1/12, 1950, that I last saw the deceased alive on 1/10, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) McP. ADDRESS Catonsville, Md DATE SIGNED 1/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/14/50
NAME OF CEMETERY OR CREMATORY Schwartz's
LOCATION (City, town, or county) O'Donnell St. (State)
DATE REC'D BY LOCAL REG. Jan 13-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Clarence F.Hoffmann ADDRESS 1639 Broadway

266-53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00221

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Inverness
STREET ADDRESS (If rural, give location) 709 Oakleigh

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) Thos. (Last) LILLY
4. DATE OF DEATH (Month) JAN. (Day) 2 (Year) 1950

5. SEX M
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH May 14
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Glass
11. BIRTHPLACE (State or foreign country) Balto
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Geo T. Lilly
14. MOTHER'S MAIDEN NAME Ella Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Harrison Brouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis M.D. (Degree or title) Dept Med. Examiner ADDRESS Sundark - 22 Mo DATE SIGNED Jan 4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/5/50
NAME OF CEMETERY OR CREMATORY Balto Cem
LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 1/4/50
REGISTRAR'S SIGNATURE H.W. Hedrick Dom V.
24. FUNERAL DIRECTOR Albert Funeral Home ADDRESS 2004 Orleans

49625

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00222

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
House in the Pines Nursing Home
16 Fusting Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Wade Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Abbie Lucey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Paul Lucey

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 17, 1873

8. AGE:

Years	Months	Days	If less than one day
76	6	0	..... hrs. ..... min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Own Home

FATHER
12. Name: John McAuliffe
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Loretta L. Gunther, (daughter)
Address: Wade Ave. Catonsville, 28, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan. 20/50 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: 4300 Old Frederick Rd. Balto. Md.

18. Funeral director: Harry H. Wietzke
Address: 4101 Edmondson Ave.

19. Jan 19 1950 (Date rec'd by registrar) A. W. Hedrick Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 17/50 19..., at 12:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1932, to Jan 18 1950 and that I last saw her alive on Jan 17 1950

Immediate cause of death: Uremia — DURATION: 7 days

Due to: Terminal Arterio Sclerosis & Chronic Nephritis (Senile) — 7 years

Due to:

Other conditions: 450.0 (Include pregnancy within 3 months of death)

131a

Major findings of operations: ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Elliot W. Johnson MR
M. D. or other

Address: 3032 Frederick Ave. Date signed: 4/19/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00223

CERTIFICATE OF DEATH B Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonic Home, Cockeysville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3303 Gwynns Falls Parkway

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Martha	A.	Lucy	Jan	6	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Dec. 31-72	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sylvester Syntis	Mary Rohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	217-03-3460 D.	Laura M Schroeder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	10 days
331X 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1948, to Jan 6, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 1 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T Kuss	M.D.	Cockeysville Md	1-6-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1-9-50	London Pk.	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-6-50	L. M. Schroeder	Wm. Cook, St. Paul & Preston St.	

40489

RECEIVED
JAN 9 1950
[illegible]

Evidence for addition in #18 shown on:
FILM No. G 1 24 FEB 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00224
Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 26yr6mos21da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
REGINA		MADSEN	Jan. 15 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	8-6-1880	69 yrs.	5	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Norway	Norway

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwold Nielson	Ellen Ohlsen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	No	---	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized carcinomatosis	before 2-49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right breast. Breast removed. (2-14-50 - ams.) Onset unknown	
170X 50	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-8-49	Simple mastectomy on rt. side for carcinoma	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-25-, 1923, to 1-15-, 1950, that I last saw the deceased alive on 1-15-, 1950, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Isadore Tuerk, M. D.
ADDRESS: Spring Grove State Hosp. Catonsville-28, Md.
DATE SIGNED: 1-15-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 17, 1950	Black Rock	Butler, Balto Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-15-50	V. E. Harris	Sanders M. Brooks	

RECEIVED
JAN 17 1950
BUREAU V. S.

NAME OF DECEASED: TELEPHONED INF. FROM TICKNER; pd apps. #s 727 & 746 - LL 1-30-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00225 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Katherine Robb Nursing Home Essex Rd., nr. Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) R. F. D. Old Court Rd.

3. NAME OF DECEASED (Type or Print): (First) A D A (Middle) G O R M A N (Last) M A G N E S S
4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1950

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: 1868
9. AGE last birthday: about 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arthur Pue Gorman
14. MOTHER'S MAIDEN NAME: Haddie Donagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr. R. A. Johnson 4100 St. Paul St.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Chronic Myocarditis	years
Antecedent cause(s)		
443 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis - Arterial Hypertension	years
	(c) Cerebral Hemorrhage	5 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	----

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 4, 1950, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr E E Nichols ADDRESS Pikesville-8, Md. DATE SIGNED 1/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan.7,1950 | NAME OF CEMETERY OR CREMATORY: Oak Hill Cem. | LOCATION (City, town, or county) (State): Wash., D. C.

DATE REC'D BY LOCAL REG. 1/6/50 | REGISTRAR'S SIGNATURE Dr E E Nichols

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: Balto.,Md.

RECEIVED
JAN 9 1950
BUREAU F. B.

T/6/20

MARYLAND STATE DEPARTMENT OF HEALTH

00226

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Beaumont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 101 Beaumont Ave.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) MARKIEWICZ

4. DATE OF DEATH: (Month) JAN. (Day) 28 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: Oct. 25, 1864

9. AGE last birthday: 85 yrs. | If under 1 year: Months 3 | Days 13 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Poland.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Martin Baszinska

14. MOTHER'S MAIDEN NAME: Maryanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: 108 Beaumont Ave. WILLIAM MARKIEWICZ

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerosis, generalized, severe — Unknown

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia — 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Jan 28, 1950, that I last saw the deceased alive on 17 Jan, 1950, and that death occurred at 800 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Jos Magnus MD Catonsville 28 Md 1-28-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 31, 1950 | NAME OF CEMETERY OR CREMATORY Holy Rosary Cem. | LOCATION (City, town, or county) Gorman Hill Road-Balto (State)

DATE RECD BY LOCAL REG. 1/30/50 | REGISTRAR'S SIGNATURE A.W. Hedrick DR

24. FUNERAL DIRECTOR Stephen J. Fialkowski Inc. | ADDRESS 1000 So. Kenwood Ave

VS. A15

00227

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3d

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 Rosewood ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 128 Rosewood ave

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) J (Last) Massey
4. DATE OF DEATH (Month) (Day) (Year) Jany 25 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 24 1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Massey
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Chas Schulthess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dep. Med. ADDRESS DATE SIGNED
Geo W Kieffer Mk. Exam Balto. Co. 1010 Leeds ave. 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 1-29-50
NAME OF CEMETERY OR CREMATORY Green Hill Cem
LOCATION (City, town, or county) (State) Martinsburg W va
DATE REC'D BY LOCAL REG. 1/26/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm J Tickner & Sons ADDRESS Balto Md

322-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

00228

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 3132 Harview Ave. Balto.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)		
JAMES	I.	MATTHEW	January	15	1950		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6-3-1880	9. AGE last birthday: 69 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stage hand	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Jennings Indiana	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Lemuel Matthew	14. MOTHER'S MAIDEN NAME: Elizabeth Barr						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): 6-27-98SAW	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Hosp.Ft.Howard,Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastrointestinal Hemorrhage	Sudden
541.0 Antecedent cause(s)	(b) Bleeding Ulcer, Duodenum	1 Yr. plus
46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of liver	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-22, 1949, to 1-15, 1950, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 12:43 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
MILTON GINSBERG, M.D.	VAH, Ft. Howard, Md.	1-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/18/50	NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 1/17/50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: John T. STANSBURY	ADDRESS: 2700 EDMONDSON AVE.

4969 V

156.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00229

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Sochearn Md -

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md - County Balto

City or town Sochearn

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3807 Patterson Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war World War I.

3. (a) FULL NAME Walter Isaac McCrum -

3. (b) Social Security Number 146-05-6653

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Charolette J. McCrum

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 18-1891

8. AGE:

Years	Months	Days	If less than one day
58	8	6	..... hrs. ..... min.

9. Birthplace New York City N.Y. (Town, county, and state)

10. Usual occupation Chief Engineer

11. Industry or business Bartges Co.

FATHER

12. Name Samuel McCrum

13. Birthplace ?

MOTHER

14. Maiden name Martha J. Wilson

15. Birthplace ?

16. Informant Charolette J. McCrum (Wife)

Address 3807 Patterson Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 27-50 (month) (day) (year)

Cemetery or crematory Lakeview Cemetery

Location New Canaan Conn.

18. Funeral director Ellsworth Armacost

Address 5118 Guyman Oak Ave.

19. 1/25 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1950 at 2 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1949 to 1-24 1950

and that I last saw him alive on 1-24-50 19

Immediate cause of death Carcinomatosis

Due to Carcinoma of Lung

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION 6 Mos

Major findings of operations 163x 47d Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos G Abbott M.D. M. D. or other

Address 4509 Liberty Heights Date signed 1-25-50

356-12

00230

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Forge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 146 Hopkins Rd.	STREET ADDRESS (If rural, give location): 146 Hopkins Rd

3. NAME OF DECEASED (Type or Print): (First) George (Middle) T. (Last) McGee

4. DATE OF DEATH: (Month) Jan (Day) 7th (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	11/10/1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Head Janitor	Balto. City Board School	Balto. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George M. McGee	Mary E. Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		46-09-6754	Clara M. McGee 146 Hopkins Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemia

Antecedent cause(s)

442X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

131a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1949, to Jan 7, 1950, that I last saw the deceased alive on Jan 6th, 1950, and that death occurred at 6 x 50 m., from the causes and on the date stated above.

SIGNATURE: J. Volinick (Degree or title) M.D. ADDRESS: DATE SIGNED: 1/9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/11/50	London Park	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 10-50	A. W. Hedrich	Wm Cook Inc. 1217 St. Paul St	740-98 Balto. Md.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH — COUNTY: BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL — LENGTH OF STAY (in this place): 7 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: BALTO — COUNTY: MD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, PIKESVILLE.
STREET ADDRESS (If rural, give location): CAMPFIELD ROAD

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): KATHARINE MERKEL
4. DATE OF DEATH (Month) (Day) (Year): JAN. 2nd 1950

5. SEX: FEM
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: DEC-17-1874
9. AGE last birthday: 75 yrs. — If under 1 year: Months 0, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ANTON MERKEL
14. MOTHER'S MAIDEN NAME: CHRISTINE BOCKING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT: AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease — 5 yrs.

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Jan. 2, 1950, that I last saw the deceased alive on Dec. 31, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Earl L. Chambers, M.D. — ADDRESS: 4108 Liberty Hts Baltimore — DATE SIGNED: 7- Mch.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: JAN-5-1950 — NAME OF CEMETERY OR CREMATORY: ST PAULS CEMETERY — LOCATION (City, town, or county): DRUID HILL PK. BALTO (State): MD

DATE REC'D BY LOCAL REG.: 1/3/50 — REGISTRAR'S SIGNATURE: H.W. Hedrich Dm — 24. FUNERAL DIRECTOR: Mrs Chas A G Rohde — ADDRESS: 2327 EDMONDSON AVE

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

68-50

00232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkton (Rural) — LENGTH OF STAY (in this place): 2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Beatty Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville (Rural)
STREET ADDRESS (If rural, give location): Powers Ave

3. NAME OF DECEASED (Type or Print) (First): George (Middle): William (Last): Miller

4. DATE OF DEATH (Month): JAN. (Day): 25 (Year): 1950

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 9-5-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Parkton Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 214-16-9594

17. INFORMANT AND ADDRESS: Donald N. Miller, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

420.1
94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nead on arrival, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 2 30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. M. France M.D. Parkton, Md. 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 28/50? — NAME OF CEMETERY OR CREMATORY: Wiseberg — LOCATION (City, town, or county) (State): Whitehall Md

DATE REC'D BY LOCAL REG.: Jan. 28-1950 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline — 24. FUNERAL DIRECTOR: Landon M Brooks, Sparks Md. — ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

Evidence for addition in #18a shown on:

FILM No. G 1 24 FEB 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00233

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TEXAS — LENGTH OF STAY (in this place): MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TEXAS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PADONIA ROAD	STREET ADDRESS (If rural, give location): PADONIA ROAD

3. NAME OF DECEASED (Type or Print)	(First) LOUIS	(Middle)	(Last) MILLER	4. DATE OF DEATH	(Month) JAN.	(Day) 15,	(Year) 1950		
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWER	8. DATE OF BIRTH: APP. 1872	9. AGE last birthday: 77 APP. yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED	10b. KIND OF BUSINESS OR INDUSTRY: FARMER	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY?: USA						
13. FATHER'S NAME: UNKNOWN		14. MOTHER'S MAIDEN NAME: UNKNOWN							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: BALTO. CO. WELFARE RECORDS						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Lobar Pneumonia - TERMINAL (2-14-50 - ams.)	3 days
592 Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 108	(b)		
	(c)	Chronic Nephritis	3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1/13, 1950, to 1/15, 1950, that I last saw the deceased alive on 1/15, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilmer C. Ensor M.D.		Cockeysville Md	1/16/50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN. 18, 1950	POPLAR CEMETERY	COCKEYSVILLE, MARYLAND

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/17/50	Wilmer C Ensor	JOHN BURNS' SONS, TOWSON, MD.	

000VV

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00234

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21
MARYLAND
LENGTH OF STAY (in this place) 7 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1616 New Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21
STREET ADDRESS (If rural give location) 1616 New Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Henry (Last) Milliken

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 13, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Beard Milliken

14. MOTHER'S MAIDEN NAME: Ann Elizabeth Grizzard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, far advanced

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatoid Arthritis.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Jan 10, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 6:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Kerr MD 815 Eastern Ave. Essex 10 Jan 50.

23. BURIAL, CREMATION / REMOVAL (Specify): Removal

DATE: 1/10/50

NAME OF CEMETERY OR CREMATORY: Dover.

LOCATION (City, town, or county) (State): Clarksville, Tenn.

DATE REC'D BY LOCAL REG.: 1/20/50

REGISTRAR'S SIGNATURE: Henry Cusic

24. FUNERAL DIRECTOR: John D Connelly.

ADDRESS: Essex 21, Md.

00044

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00235

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Woolford Dorchester Co., Md.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Hugh (Last) Neild

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-13-1861

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 9:10 Min. pm.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Engineer

11. BIRTHPLACE (State or foreign country): Woolford, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Richard Neild

14. MOTHER'S MAIDEN NAME: Hester Ann Neild

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Wife: Nora E. Neild

903.9

4437

186a

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardiovascular Disease	4-6 yrs.
	(c) Generalized Arteriosclerosis & Cerebral Sclerosis	2-8 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Injury to Right Femur

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) Dec (Day) 23 (Year) 1949 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Slipping on floor beside bed

22. I hereby certify that I attended the deceased from 3-27-49, 19..., to 1-17, 19.50, that I last saw the deceased alive on 1-17, 19.50, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Tumbly M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 1-19-50; NAME OF CEMETERY OR CREMATORY Old Trinity Church; LOCATION (City, town, or county) Church Creek (State) Md.

DATE REC'D BY LOCAL REG. 1/18/50; REGISTRAR'S SIGNATURE A. W. Neild DR

24. FUNERAL DIRECTOR ADDRESS John A. Mitchell & Sons - 1900 Eutaw Pl. MB Mitchell

356-94

Evidence for addition of #1 & 4 shown on:

FILM No. G 124 FEB 1 1950

00236

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) M. (Last) Norman
4. DATE OF DEATH (Month) Jan. (Day) 20, (Year) 1950
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 12-1922
9. AGE last birthday 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert L. Carter
14. MOTHER'S MAIDEN NAME Myrtle Crew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ray T. Norman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

002 X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13 b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25, 1946 to 1/20, 1950, that I last saw the deceased alive on 1/20, 1950, and that death occurred at 2P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork, Md. DATE SIGNED 1/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 23-50
NAME OF CEMETERY OR CREMATORY Fork Christian Cem
LOCATION (City, town, or county) Fork Md. (State)
DATE REC'D BY LOCAL REG. Jan 21-50
REGISTRAR'S SIGNATURE C. E. Arthur Deputy Local Reg.
24. FUNERAL DIRECTOR C. E. Arthur ADDRESS Fork Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00237

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore - 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point | LENGTH OF STAY (in this place) 28 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3104 Lynch Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE do COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN do
STREET ADDRESS (If rural give location) # 1.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Owens.

4. DATE OF DEATH: (Month) JAN. (Day) 12. (Year) 1950

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 3/1/1867 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor. | 10b. KIND OF BUSINESS OR INDUSTRY: Woodwork. | 11. BIRTHPLACE (State or foreign country): Salerno - N. C. | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Benjamens Owens. | 14. MOTHER'S MAIDEN NAME: Salley. Mathis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 217-12-9330 | 17. INFORMANT: Carl Owens.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal pneumonia.	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subacute nephritis.	3 weeks.
450.0 109	(c) Arteriosclerosis	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1949, to Jan 12, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Lorna N. Hollin M.D. | Baltimore - 19 - Md | Jan 12. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/14/50 | NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk | LOCATION (City, town, or county) Balto. Co. | (State) Md

DATE REC'D BY LOCAL REG. 1-13-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Roland L. Fisher | ADDRESS Dundalk, Md.

988-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

00238

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1909 MAXWELL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 1909 MAXWELL AVE.

3. NAME OF DECEASED (Type or Print) (First) ADAM (Middle) PARR (Last)

4. DATE OF DEATH (Month) JAN. (Day) 28 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JUNE 13, 1883
9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY FEDERAL GOVT.
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME ADAM PARR
14. MOTHER'S MAIDEN NAME MAMIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Bladder (Urinary) with metastasis -

181x Antecedent cause(s)

52b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 yrs - 4 mm.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept - 1947 Oct - 1949
19b. MAJOR FINDINGS OF OPERATION Ca of Bladder involving large bowel Same -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to Jan 28, 1950, that I last saw the deceased alive on Jan. 27, 1950, and that death occurred at 110 P m., from the causes and on the date stated above.

SIGNATURE M B Davis MD (Degree or title) ADDRESS 6800 Mornington Rd - Dundalk - 22 DATE SIGNED 1/29/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 1/31/50
NAME OF CEMETERY OR CREMATORY OAKLAWN CEM.
LOCATION (City, town, or county) (State) BALTO. CO., MD.

DATE REC'D BY LOCAL REG. 1/30/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD.

XVX 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00239

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Woods Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 833 Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ELIZABETH GRIM PEREGOY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13th, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 17, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Catonsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grim

14. MOTHER'S MAIDEN NAME: Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Fred C. Peregoy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardiac Failure	1 wk
422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardio Vas. Disease	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1945, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 10.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James E Howell ADDRESS Catonsville DATE SIGNED 1-14-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Jan. 16 1950

NAME OF CEMETERY OR CREMATORY: Mount Olivet

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1-14-50

REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR: Easton Sons Catonsville ADDRESS Md.

RECEIVED
JAN 17 1950
BUREAU V. S.

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00240

Reg. Dist. No. 4-25

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 105 3rd Avenue	STREET ADDRESS (If rural, give location): 105 3rd Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
SYLVESTER	A.	POOLE	Jan. 27, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Oct. 23, 1870	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Baker, Retired	Koester's Bakery	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James M. Poole	M. Mary Buxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-16-8369	Mrs Blanche Poole, 105 3rd Ave., Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 wks
260X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Diabetes Mellitus	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 20, 1949, to Jan. 27, 1950, that I last saw the deceased alive on Jan. 24, 1950, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Luther Rossberg M.D.		2411 Washington Blvd.	1/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/30/50	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-30-50	A W Hedrick	William Cook, Inc.,	1217 St. Paul St.

300 RV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00241

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 18yr6 mos9da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) Carson Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) POPP

4. DATE OF DEATH: (Month) Jan. (Day) 26 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 29, 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days 28 / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Popp

14. MOTHER'S MAIDEN NAME: Mary Kliur

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ~~Metastatic carcinoma of lung~~ Pulmonary Tuberculosis.

002X Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Primary phase of carcinoma of prostate~~

(c)

INTERVAL BETWEEN ONSET AND DEATH: Prior to 11-49 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17 19 31, to Janu. 26 19 50, that I last saw the deceased alive on Jan. 26, 1950, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) M. D. ADDRESS Spring Grove State Hos. Catonsville 28, Md. DATE SIGNED 1-26-50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial DATE 1/28/50 NAME OF CEMETERY OR ~~CREMATORY~~: Mt. Carmel LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: January 28 1950 REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Wm. Cook Inc. ADDRESS: 1217 St. Paul St

340-V9

00242

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 LIBERTY PARKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural give location) 7 LIBERTY PARKWAY

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) GEORGE (Last) RAAB

4. DATE OF DEATH (Month) 1 (Day) 13 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH 9-15-1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE RAAB
14. MOTHER'S MAIDEN NAME KUNIGUNDA BECKEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. ?
17. INFORMANT CATHERINE RAAB - SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Asthma — INTERVAL BETWEEN ONSET AND DEATH 26 yrs.

241X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none.

112

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? no.

22. I hereby certify that I attended the deceased from Jan, 1944, to Jan 13, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 7.40 P. m., from the causes and on the date stated above.

SIGNATURE David H. Andrew (Degree or title) MD ADDRESS 2 Kinship Rd Dundalk Md DATE SIGNED 1/16/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 1/17/50
NAME OF CEMETERY OR CREMATORY SACRED HEART
LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. Jan. 16-1950
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR LILLY + ZEILER INC. ADDRESS BALTO. MD.

156-V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Andrew

2 Kinship Rd
Dan. 214

00243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw ~~Baltimore~~
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mount Vista Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Bradshaw
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Mount Vista Road

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) D (Last) Rainer
4. DATE OF DEATH (Month) JAN (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH June 24-1875
9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Watchman
11. BIRTHPLACE (State or foreign country) Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph D. Rainer
14. MOTHER'S MAIDEN NAME Martha V. Wimsett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Stella L. Rainer - Mt. Vista Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 week.
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterial sclerotic heart disease	20 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1941, to Jan 29, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ted O Hodons ADDRESS Edgewood Md DATE SIGNED Jan 29 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/1/50
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1/30/50
REGISTRAR'S SIGNATURE Dr. Hedrick DM
24. FUNERAL DIRECTOR Leonard J. Ruck - 5305 Harford Rd. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00244

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Lindalk 22

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Entire

Hospital, institution, or street address where death occurred: 106 East Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto

City or town Lindalk 22

(If outside city or town limits, write RURAL and give nearest town)

Street No. 106 East St

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edward Reed

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6.(b) Name of husband or wife Hattie Karen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1883

8. AGE: Years 66 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Lynchburgh Va (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Construction Co.

FATHER 12. Name ?

FATHER 13. Birthplace ?

MOTHER 14. Maiden name ?

MOTHER 15. Birthplace ?

16. Informant Mrs. Leolia Griffin Powell

Address 106 East St. Lindalk 22

17. (Burial, cremation, or removal. Which?) Burial Date thereof 1-12-50 (month) (day) (year)

Cemetery or crematory Mt Calvary Cem.

Location Brooklyn Bx. N. Co. N.Y.

18. Funeral director Clay O Wilson

Address 1100 Beaville Pk

19. (Date rec'd by registrar) Jan 11 1950 A. W. Hellman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1950, at 6 45 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 1, 1950, to January 8, 1950

and that I last saw h alive on January 7, 1950

	DURATION
Immediate cause of death Pneumonia (Bronchial)	1 day
Due to Nephritis	1 yr
Due to Hypertrophy of Prostate	—
Other conditions	

610

131/6

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilbur C Hale, M.D. M. D. or other

Address 140 Oak Ave Date signed 1-8-50

7,8: Funeral Directors Statement 1/31/50-C

00245

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County: Baltimore
City or town: Baltimore Highlands
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? .....
Hospital, institution, or street address where death occurred:
2916 Michigan Ave.
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Baltimore Highlands
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2916 Michigan Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war .....

3. (a) FULL NAME: Georgeanna Reichert

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married

6.(b) Name of husband or wife: William M. Reichert, Sr.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): October 1 - 1894

8. AGE: Years 55 | Months 3 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace ..... (Town, county, and state)
10. Usual occupation: H.W.
11. Industry or business: Own Home

FATHER
12. Name: Luther Covell
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Wilson
15. Birthplace: Md.

16. Informant: William M. Reichert
Address: 2916 Michigan Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 30/50 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave. Balto. Md.

18. Funeral director: Harry F. Wittke
Address: 4101 Edmondson Ave.

19. January 29 1950 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 26/50 19..... at 5.00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1949 to Jan 26 1950 and that I last saw her alive on Jan. 25. 1950

Immediate cause of death	DURATION
Cerebral Hemmorrhage	1 week
Due to	
Due to	
Other conditions 331 83a	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Nathan Racusin M.D. M. D. or other
Address: 206 S. Gilmor St. Date signed: 1-27-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Dr. Mintzer
3009 Evergreen

00246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8217 Wilson Avenue	STREET ADDRESS (If rural, give location): 8217 Wilson Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Violet A. Reinmuth	4. DATE OF DEATH (Month) (Day) (Year): January 31 1950
5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Sept. 23, 1877 — 9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Novo Scotia, Canada — 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry Christie	14. MOTHER'S MAIDEN NAME: Ellie Mc Cake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT: Miss Joy C. Reinmuth, 8217 Wilson Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from artery) Brain due to arteriosclerosis c̄ hemiplegia + coma auricular fibrillation

443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension c̄ VD + enlarged heart

93d (c) Gen l arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Anemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 1/31, 1950, that I last saw the deceased alive on 1/30, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald W. Mintzer	MD.	3009 Evergreen Ave Balto 14	2/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2-3-50	NAME OF CEMETERY OR CREMATORY: Parkwood	LOCATION (City, town, or county) (State): Baltimre, Md.
DATE REC'D BY LOCAL REG.: 1-31-50	REGISTRAR'S SIGNATURE: L	24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto. Co. 23 Randall Ave. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville Ave.
STREET ADDRESS (If rural, give location) 23 Randall Ave.

3. NAME OF DECEASED (Type or Print) (First) VIRGINIA (Middle) L (Last) REYNOLDS

4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1950 19

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Jun. 13, 1864

9. AGE last birthday 85 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Frey

14. MOTHER'S MAIDEN NAME Eliza Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No. no

17. INFORMANT AND ADDRESS Miss Ada Reynolds 23 Randall Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	?
Antecedent cause(s)	(b) Arterio Sclerosis	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1949, to 1-18, 1950, that I last saw the deceased alive on 1-18, 1950, and that death occurred at 10 A.m., from the causes and on the date stated above.

SIGNATURE E. E. Nichols (Degree or title) MD ADDRESS Pikesville 8 Md DATE SIGNED 1-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 1/23/50 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 1-20-50 REGISTRAR'S SIGNATURE Dr E E Nichols

24. FUNERAL DIRECTOR WM. J. TICKNER & SONS INC. ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1950
BUREAU V. S.

00248

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore 19 MARYLAND M
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3109 Riverdrive Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE as. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN in
STREET ADDRESS #1. (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) ROBERTSON.
4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 19. 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Baltimore. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Jones.
14. MOTHER'S MAIDEN NAME Annie Elizabeth Reese.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Alvy Hare.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia.	4 days.
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchogenic Andeno carcinoma left lung.	6 months
47C	(c) Arteriosclerosis	12 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mild diabetes mellitus. 10 years

19a. DATE OF OPERATION Sept 3. 1949
19b. MAJOR FINDINGS OF OPERATION Bronchogenic carcinoma left lung.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1935, to Jan 5, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 7 20 A. m. from the causes and on the date stated above.

SIGNATURE Louis N. Tollin (Degree or title) M. D. ADDRESS 6908 N. Pt. Rd. Balto. 19. Md DATE SIGNED 1/5/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 9/50
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Balto Co (State)

DATE REC'D BY LOCAL REG. Jan 9-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28, Md.
LENGTH OF STAY (in this place): 9 mos. 14 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
STREET ADDRESS (If rural give location): 2006 Eutaw Place

3. NAME OF DECEASED (Type or Print): (First) Malcolm (Middle) George (Last) Rock

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 11/18/1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months 2, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): plumber

10b. KIND OF BUSINESS OR INDUSTRY: plumbing

11. BIRTHPLACE (State or foreign country): Marietta, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Rock

14. MOTHER'S MAIDEN NAME: Cecelia Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 273-12-4658

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 days

023 X 308 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Syphilitic Heart Disease — unknown
(c) Paresis — indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1949, to 1/18, 1950, that I last saw the deceased alive on 1/18, 1950, and that death occurred at 1:00 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isadore Tuerk, M. D., ADDRESS Catonsville 28, Maryland DATE SIGNED 1/18/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 21, 1950
NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
LOCATION (City, town, or county) (State): Marietta, Ohio

DATE REC'D BY LOCAL REG. 1-19-50
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Miles Lamoreaux
ADDRESS: 4510 Liberty Heights Ave.

348 V9

00250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 33-

1. PLACE OF DEATH:
County: Baltimore
City or town: Parkton.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 58 yrs.-
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County: Baltimore.
City or town: Parkton.-
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Main St.-
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Lewis Clifton Rosier.-

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White.	Married.

6.(b) Name of husband or wife: Gertrude Rosier.-
6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): October 10, 1891.-

8. AGE:

Years	Months	Days	If less than one day
58.	2	24	hrs. min.

9. Birthplace: Parkton, Md. R.D.- (Town, county, and state)
10. Usual occupation: Retired.-
11. Industry or business:
12. Name of FATHER: John Thomas Rosier
13. Birthplace of FATHER: Md.-
14. Maiden name of MOTHER: Carrie Rosier.-
15. Birthplace of MOTHER: Md.-
16. Informant: Mrs. Gertrude Rosier.
Address: Parkton, Md.-
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 7, 1950 (month) (day) (year)
Cemetery or crematory: New Market Cem.
Location: Maryland Line, Md.
18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.
19. Jan 7 1950 (Date rec'd by registrar) Charles L. Preston Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4, 1950 at 2:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Gunshot wound of head	
Due to	
Due to	
Other conditions	

976.X
164c
(Include pregnancy within 3 months of death)
Major findings of operation: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of 1/4/50
Where did injury occur? Parkton (City or town) Md. (County) (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: 32 revolver Injured at work? No

23. SIGNATURE: A. M. France M. D. or other
Address: Parkton, Md. Date signed: 1/5/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 16 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

00251

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 49 NUNNERY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 49 NUNNERY LANE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THERESA	CLARA	RUSSELL	JAN.	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	FEB. 12, 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	—	Maryland	—

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Carey	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Peter J. Russell - 49 Nunnery Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	15 da.
260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 yr.
	(c) Diabetes Mellitus	20 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-11, 1948, to 1-18, 1950, that I last saw the deceased alive on 1-18, 1950, and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William K. Gallagher	M.D.	Catonsville 28, Md.	1-20-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1950	Cathedral	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-20-50	V. E. Harry	George A. Farley - Ind.	Shadyside Md.

VS. A15

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00252

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4505 Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural give location) 4505 Annapolis Road

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Margaret (Last) Sachs

4. DATE OF DEATH (Month) Jan (Day) 11 (Year) 1950

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH May-1-1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Schmidt
14. MOTHER'S MAIDEN NAME Sadie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Alma Evans EVANS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of liver — INTERVAL BETWEEN ONSET AND DEATH 16 months

191x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epithelioma of face in 1946

53 (c) Cholecystitis? 1943

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia of abdominal wall

19a. DATE OF OPERATION 1943 and 1944
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Summer, 1946, to Jan-11-, 1950, that I last saw the deceased alive on Jan-11-, 1950, and that death occurred at 12 05 p m., from the causes and on the date stated above.

SIGNATURE Walther Herbert Sonnenfeldt (Degree or title) M.D. ADDRESS 2708 Hollins Ferry Road City 30 DATE SIGNED 1/11/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 14, 1950
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Jan 12-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR A. Howard Evans - 1400 S. Charles St. Baltimore 30, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 00253

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 39 S. Monastery Avenue

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) E. (Last) SATTERFIELD
4. DATE OF DEATH: (Month) January (Day) 12, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-15-91
9. AGE last birthday: 58 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Office Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward Satterfield
14. MOTHER'S MAIDEN NAME: Catherine White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL FAILURE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE CARDIOVASCULAR DISEASE, CAUSE UNKNOWN	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 1-5-, 1950., to 1-12-, 1950., ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N.C. Manaugh
H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 1-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 16, 1950
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan. 17-50
REGISTRAR'S SIGNATURE: Dawson L. Harber
24. FUNERAL DIRECTOR: George Farley, Fulton Ave & Fayette, Balto. Md.
ADDRESS

26695

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

00254

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm — LENGTH OF STAY (In this place) 1 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Mt Vista Road

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Milton (Last) Schneider (Schnider)
4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-22-1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto Co. Road Commissioner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Schneider (Schnider)
14. MOTHER'S MAIDEN NAME: Mary Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mrs Hattie M. Schneider - Mt Vista Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart disease, coronary occlusion Sudden — Sudden

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Rollin C. Hudson M.D. M.E. Towson Md 1/7/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-11-50 | NAME OF CEMETERY OR CREMATORY Dulaney Chapel | LOCATION (City, town, or county) Balto Co. (State) Harford Co. Md.

DATE REC'D BY LOCAL REG. Jan 9-50 | REGISTRAR'S SIGNATURE C. H. Hughes | 24. FUNERAL DIRECTOR Leonard J Luck | ADDRESS 5305 Harford Rd.

988-49

00255

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1769 Brookfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 1769 Brookfield Rd.

3. NAME OF DECEASED (Type or Print): (First) INFANT (Middle) (Last) Schriefer

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 5 Jan. 1950

9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dundalk Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Elmer Schriefer

14. MOTHER'S MAIDEN NAME: Eleanor Elizabeth Schriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: J. Elmer Schriefer, Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: 15 mins

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Anencephaly

(c) Hare Lip & Cleft Palate

750 x
757c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Jan 5, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Anthony F. DiPaula, M.D. 11 W. Biddle St Jan 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6 Jan. 1950

NAME OF CEMETERY OR CREMATORY: New Cathedral

LOCATION (City, town, or county) (State): Edmondson Ave. Baltimore

DATE REC'D BY LOCAL REG. 1-6-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Walter Brooks Bradley, Dundalk

1-0-1E-0-40-X-40-5

XVV94

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00256

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1yr2mos27days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) 2229 Orleans Street

3. NAME OF DECEASED (Type or Print)	(First) IRENE	(Middle)	(Last) SCOTTI	4. DATE OF DEATH	(Month) January	(Day) 3	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 8-18-1887	9. AGE last birthday 62 yrs.	If under 1 year Months 4	Days 16	If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	10b. KIND OF BUSINESS OR INDUSTRY office	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Louis F. Scotti		14. MOTHER'S MAIDEN NAME D. Helen Stark	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ---	17. INFORMANT Hospital records	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

903.7 186a

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) fracture right hip

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) hospital	(CITY OR TOWN) Catonsville	(COUNTY) Balto	(STATE) md
TIME OF INJURY (Month) Nov (Day) 26 (Year) 49 (Hour) 9 a m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Had a fall on floor in ward		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo M. Kieffer MD	Deep Med Exam Balto Co	1010 Leeds ave	Jan. 3, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-5-50	NAME OF CEMETERY OR CREMATORY Loudon Park Cem. Co	LOCATION (City, town, or county) 3801 Frederick Rd	(State) Md
DATE REC'D BY LOCAL REC. 1/4/50	REGISTRAR'S SIGNATURE H. W. Hedrich	24. FUNERAL DIRECTOR Stephen J. Fialkowski Inc.	ADDRESS 1000 So. Kenwood Ave Balto.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

00257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5838 Westwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 5838 Westwood Ave

3. NAME OF DECEASED (Type or Print) (First) Adam (Middle) A. (Last) Seufert

4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 13 1876
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elite Laundry
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Seufert
14. MOTHER'S MAIDEN NAME Mary Tragesor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY No. 215-03-6235A
17. INFORMANT AND ADDRESS Eunice Bensel 5838 Westwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) broncho-pneumonia.	3 days
Antecedent cause(s)	(b) laryngectomy - 1935.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) hypertension, arterio-sclerosis.	?

447
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1949, to Jan. 3, 1950, that I last saw the deceased alive on Jan. 2, 1950, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE L. C. Tobilcal, M.D. (Degree or title) ADDRESS 447 N. Kenwood Av. DATE SIGNED 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 5-50
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) 4600 Belair Rd. Balto Md.

DATE REC'D BY LOCAL REG. Jan 3-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Kuppel Bros. ADDRESS 7110 Belair Rd.

44888

447 N. Kenwood Ave
Dr. Dobikel

00258

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson | LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Hospital, Property

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
STREET ADDRESS (If rural, give location) Supt. House.

3. NAME OF DECEASED (Type or Print): (First) Stewart (Middle) Seibert (Last) Shaffer

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/3/1892

9. AGE last birthday: 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Medical Doctor

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Shaffer

14. MOTHER'S MAIDEN NAME: Martha Liberknight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): World War #1

16. SOCIAL SECURITY NO.

17. INFORMANT: Rose E. Shaffer. Mt. Wilson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Left Ventricular Failure — Suddenly

443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. Disease — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Jan 28, 1950, that I last saw the deceased alive on 1/26/, 1950, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Geraghty M.D. — 3047 St Paul St Balto 18 Md — 1/31/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/1/50 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 1/31/50 | REGISTRAR'S SIGNATURE: Helen R. Mayer | 24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell, Pikesville, Md.

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FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00259

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2319 Old Frederick Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 2319 Old Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E. (Last) SILCOTT

4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec. 11, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Broker

10b. KIND OF BUSINESS OR INDUSTRY: Livestock

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas B. Silcott

14. MOTHER'S MAIDEN NAME: Mary E. Schaefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Thomas B. Silcott - Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) UREMIA	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular-Renal Disease	2 yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophied Prostate Gland with retention	1 month.

442 131a

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1943, to 1-3, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 2:30A m., from the causes and on the date stated above.

SIGNATURE: George E. Murray (Degree or title): M.D. ADDRESS: 805 3rd Ave - Balto 18 DATE SIGNED: 1-3-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 1-6-50 NAME OF CEMETERY OR CREMATORY: Cathedral LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: 1-5-50 REGISTRAR'S SIGNATURE: W. E. Harry

24. FUNERAL DIRECTOR: George W. Farley - Catonsville, Md. ADDRESS:

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JAN 9 1950
BUREAU V. S.

00260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Balto. Co.

County Paradise Home

City or town Catonsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County

City or town Balto

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1413 N. Chester St

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Henry C. Simpson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of ~~husband~~ or wife: Florence Simpson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 21st 1867

8. AGE: Years 82 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER: 12. Name Henry Simpson

13. Birthplace Md.

MOTHER: 14. Maiden name Mary Herreman

15. Birthplace Md.

16. Informant Harry Simpson

Address 1413 N Chester St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/10/50 (month) (day) (year)

Cemetery or ~~crematory~~ Balto Cem

Location E. North Ave Ext

18. Funeral director Leo G. Cook

Address 1701-03 N Patterson Park Ave

19. Jan 9 1950 (Date rec'd by registrar) A. W. Hedrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 Jan 1950, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1949, to 7 Jan 1950 and that I last saw him alive on ~~Oct~~ 7 Jan 1950

	DURATION
Immediate cause of death: Myocardial failure	24 hrs
Due to Arteriosclerosis, generalized severe	Unknown
Due to	
Other conditions Hemiplegia, RT, old	Unknown

450.0

83d

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stephen Lee Magness MD M. D. or other

Address Catonsville Md Date signed 1-9-50

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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M

00261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 700 Main St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Henry (Last) Smack

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 28, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Stockton, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Thomas Smack

14. MOTHER'S MAIDEN NAME: Sallie Ann Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nr. (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 212-10-8077

17. INFORMANT: Bertie S. Smack

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Pulmonary Tuberculosis.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13b (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: None.

22. I hereby certify that I attended the deceased from January 2, 1950, to January 2, 1950, that I last saw the deceased alive on January 2, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Maryland	1/4/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 5, 1950	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-50	Mary B. Eline	J. F. Eline & Sons	Reisterstown, Md.

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RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00262

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Old Court Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 108 Old Court Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) G. (Last) Snively

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12 - 15, 1863

9. AGE last birthday: 86 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Anthony Breighner

14. MOTHER'S MAIDEN NAME: Elenore Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Margaret Chenoweth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerosis — Interval between onset and death: ?

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Several yrs. to 1 - 23 -, 1950, that I last saw the deceased alive on 1 - 22 -, 1950, and that death occurred at 11 - A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr E E Nichols Pikesville 8, Md 1-25-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 1 - 25 - 50

NAME OF CEMETERY OR CREMATORY: St. Charles

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 1 - 25 - 50

REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR ADDRESS: Frank H. Newell, Pikesville, Md.

VS. A15

RECEIVED
1950
U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Snyder Ave.	STREET ADDRESS (If rural give location): Snyder Ave.

3. NAME OF DECEASED (Type or Print) (First) PETER (Middle) J. (Last) SNYDER	4. DATE OF DEATH (Month) Jan. (Day) 20th (Year) 1950
5. SEX Male married — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH June 19, 1873 — 9. AGE last birthday 76 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY truck farm	11. BIRTHPLACE (State or foreign country) Balto. Co., Md. — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Snyder	14. MOTHER'S MAIDEN NAME Mary Tremper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. —	17. INFORMANT Miss Cecilia Snyder, Snyder Ave., Fullerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 3 days

422.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy — 2 yrs.

19a. DATE OF OPERATION 1948 — 19b. MAJOR FINDINGS OF OPERATION Benign prostate — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1949, to Jun 20, 1950, that I last saw the deceased alive on Jun 19, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L. Edith Benson, W. Orchard Balto Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Jan. 23, 1950	Holy Redeemer	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 21-1950	Mrs. A. L. Rufsnider	Lansahn Funeral Home	7401 Belair Rd.

000VV

RECEIVED
JAN 25 1950
BUREAU V. S.

00264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Relay Sanitarium, Relay

City or town: Baltimore 27, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, Institution, or street address where death occurred: Relay Sanitarium

How long in hospital or institution? 4 months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Balto. Md. Catonsville 28, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 N. Beechwood Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Frank J. Stafford

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of ~~husband or wife~~ Late Mrs. Frank Urban Stafford

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/24/1877

8. AGE: Years	Months	Days	If less than one day
72	6	0	..... hrs. ..... min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual occupation: Furniture Business

11. Industry or business: " "

FATHER
12. Name: John Stafford
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Hughes
15. Birthplace: Ireland

16. Informant: Mrs. George E. Urban
Address: 803 Frederick Rd. Balto 28, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof: Jan. 30/50 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: 4300 Old Frederick Rd. Balto. Md

18. Funeral director: Harry H. Nitzke

Address: 4101 Edmondson Ave

19. 1-25 19 50 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 19 50, at 12:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 19 49, to Jan 27 19 50 and that I last saw him alive on Jan 26 19 50

Immediate cause of death	DURATION
Cerebral Thrombosis	10 days
Due to Cerebral Arteriosclerosis	3 yrs.
Due to	
Other conditions	

332x
83l
(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Lewis P. Gundy M.D.
M. D. or other

Address: Relay Sanitarium Date signed 1/27/50

XVX 67

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

00265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 209 Allegheny ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 209 Allegheny ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Arthur Dean Stebbins

4. DATE OF DEATH (Month) (Day) (Year): Jan 18 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 29 1868
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President
10b. KIND OF BUSINESS OR INDUSTRY: Steam Ship Co
11. BIRTHPLACE (State or foreign country): Pittston Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orrin D Stebbins
14. MOTHER'S MAIDEN NAME: Katherine Heisley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. M Genevieve Stebbins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	3 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis - Hypertension	unk.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Jan 18, 1950, that I last saw the deceased alive on Jan 18, 1950, and that death occurred at 12:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John S. Green Jr. M.D. ADDRESS: Towson Md. DATE SIGNED: 1/19/50.

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Jan 20/50
NAME OF CEMETERY OR CREMATORY: Tunkhannock
LOCATION (City, town, or county) (State): Tunkhannock Pa.

DATE REC'D BY LOCAL REG.: Jan 19, 1950
REGISTRAR'S SIGNATURE: W. Carroll Vanform Deputy Local
24. FUNERAL DIRECTOR: Henry W. Jenkins & Sons Co
ADDRESS: 4905 York Rd Balto 12

156-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. John S. Green Jr.

Allegheny Mr Towson
9 a.m. to 10:30 a.m.

RECEIVED
JAN 25 1950
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

00266

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 4304 Wendover Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELOISE	MERRITT	STENGEL	Jan.	13	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	June 3, 1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Balto. Co., Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John A. Merritt	Caroline Mathild Bray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Mrs. Frank B. M. Cromwell - 3333 N. Chas. St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	12 hours
420.1 Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	unk.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 7, 1950, to Jan 12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS Towson-4-Md DATE SIGNED 1/13/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/50	London Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 14 1950	R.W.	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00267

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1519 Calhoun Street

3. NAME OF DECEASED (Type or Print): (First) GARNER (Middle) D. (Last) STEWART
4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 8-7-1910
9. AGE last birthday: 39 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Dealer
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Daniel Stewart
14. MOTHER'S MAIDEN NAME: Alberta Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW II
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Clinical Records, Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac hypertrophy and dilatation	Unknown
443x Antecedent cause(s)		
95a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

VA

22. I hereby certify that ☒ attended the deceased from 12-26, 1949, to 1-9, 1950, ~~the deceased was the deceased~~ alive on ~~XXXX

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00268

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex; LENGTH OF STAY (in this place): 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 606 Franklin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): 3419 O'Donnell St.

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) (Last) Stoewer

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 18, 1868

9. AGE last birthday: 81 yrs.

If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Holtzschuer

14. MOTHER'S MAIDEN NAME: Anna M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Anna M Roemer 1102 S.Baylis St/

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcenoma Rectum with — 2 yrs

154 X 46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) abdominal metastases

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Jan 1, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Joseph Miceli — (Degree or title): M.D — ADDRESS: 422 Eastern Ave — DATE SIGNED: 1/4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/4/50 | NAME OF CEMETERY OR CREMATORY: St. Matthews | LOCATION (City, town, or county) (State): O'Donnell St.

DATE REC'D BY LOCAL REG. 1/4/50 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: Clarence F. Hoffmann 1639 Broadway.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00269

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (In this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 E. Seven Mile Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville - 8; STREET ADDRESS (If rural, give location) 42 E. Seven Mile Lane

3. NAME OF DECEASED (Type or Print): (First) ANTHONY (Middle) JOSEPH. (Last) SWIFT

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 10, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dynamiter

10b. KIND OF BUSINESS OR INDUSTRY: Roofing.

11. BIRTHPLACE (State or foreign country): Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm H. Swift

14. MOTHER'S MAIDEN NAME: Mary Le Cost.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) None.

16. SOCIAL SECURITY No.: None.

17. INFORMANT: Mrs Mary Swift (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hanging - Suicide.	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) mental Depression.	5 mo.
974 X 164 a	(c) arthritis Deformans	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Pikesville (COUNTY) Balto. (STATE) Md

TIME OF INJURY (Month) Jan (Day) 13 (Year) '50 (Hour) 11:35 a m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hung himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caplis, Med Exam (Degree or title): M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 1-13-'50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 1/16/50; NAME OF CEMETERY OR CREMATORY: St. Charles; LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 1-16-50; REGISTRAR'S SIGNATURE: Dr E E Nichols per md

24. FUNERAL DIRECTOR: Frank H. Newell ADDRESS

362 V9

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00270

CERTIFICATE OF DEATH

Reg. Dist. No. 3 L

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lutherville
STREET ADDRESS (If rural, give location) Seminary Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) FITE (Last) SYMINGTON

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 21 1877

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Balto Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Maj. W. Stuart Symington

14. MOTHER'S MAIDEN NAME: Julia E. Power

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: B H Swindell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-Sclerosis - Cerebral Hemorrhage — Interval Between Onset and Death: Many years

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1945, to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 12.32 P m., from the causes and on the date stated above. 1/22/50

SIGNATURE (Degree or title) Walter A Baxter — ADDRESS 1101 St Paul St — DATE SIGNED Balto Md

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF Jan 23, 1950 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. Jan 23-50 | REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS Henry W. Jenkins & Sons Co. 4905 York Road

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06271

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 705 South East Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Marie (Last) Thomasson
4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	May 16, 1888	61 yrs.	7	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Adams
14. MOTHER'S MAIDEN NAME: Marie -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Hospital redords

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular renal disease

260 X 61 (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Mkiefer Dr. Med Sinai Balto Co. 1010 Leadenhall 1-10 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-14-50.	HOLY REDEEMER CEM	4430 BELAIR RD BALTO, MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-13-50	L	Charles L. Zeiler, 901 S. Conkling St. Balto. Md.

00272

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd & Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location) York Rd. & Church Lane

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) THOMAS (Last) THOMPSON
4. DATE OF DEATH (Month) Jan. (Day) 24, (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 12, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Texas, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos B. Thompson
14. MOTHER'S MAIDEN NAME Lulu E. Peterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) Nat. Guard.
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Lloyd Parks, Texas, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Acute alcoholism~~ Carbon Monoxide (Poisoning)

916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Asphyxiation due to carbon monoxide poisoning~~ Acute Alcoholism -

180 Change made order - Dr. Russell S. Fisher. (Ensor)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) York Rd. & Church Lane
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 24, 1950 9:30 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Room afire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS 700 Fleet St. Baltimore 2, Md. DATE SIGNED Jan. 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 26, 1950
NAME OF CEMETERY OR CREMATORY Poplar
LOCATION (City, town, or county) (State) Cockeysville, Md
DATE REC'D BY LOCAL REG. Jan. 26, 1950
REGISTRAR'S SIGNATURE Wilmer C. Ensor M.D.
24. FUNERAL DIRECTOR Landon M. Brooks, Sparks, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

322.0

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VS. A15A

XVX99

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00273

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cowenton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Hororgo Ave

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) L (Last) Thorpe
4. DATE OF DEATH: (Month) Jan (Day) 20 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower | 8. DATE OF BIRTH: Aug 15 1896 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Sparrows Point | 11. BIRTHPLACE (State or foreign country): Warren Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John F. Thorpe | 14. MOTHER'S MAIDEN NAME: Matilda Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no. | 16. SOCIAL SECURITY NO.: 216-10-1776 | 17. INFORMANT: Samuel Thorpe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of head of Pancreas — 6 mos

157 X 46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Obstructive Jaundice — 10 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-28-49 | 19b. MAJOR FINDINGS OF OPERATION: Tumor of head of Pancreas | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1949, to 1-16, 1950, that I last saw the deceased alive on 1-15, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Maxwell Mund MD | 417 E Eastern Ave | 1-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/23/50 | NAME OF CEMETERY OR CREMATORY: St. Matthews | LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: Jan 23-50 | REGISTRAR'S SIGNATURE: A W. Hedrick | 24. FUNERAL DIRECTOR: Ullrich Funeral Hom | ADDRESS: 2004 Orleans

44429

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00274

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WEST LANSDOWNE | LENGTH OF STAY (in this place): 12 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1926 Victory Drive

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WEST LANSDOWNE
STREET ADDRESS (If rural give location): 1926 VICTORY DRIVE

3. NAME OF DECEASED (Type or Print): (First) ORPHA (Middle) LUCILLE (Last) TICE

4. DATE OF DEATH: (Month) JAN. (Day) 19 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 23, 1912

9. AGE last birthday: 37 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Smith

14. MOTHER'S MAIDEN NAME: MINNIE B. HINER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR. MERRILL B. TICE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of ovary with metastases — 15 mos.

175X
49a
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Oct 6, 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary bilateral & general peritoneal metastasis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Baltimore (COUNTY) (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 48, to Jan 19, 19 50, that I last saw the deceased alive on Jan 19, 19 50, and that death occurred at 3:48 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Pearl Pass, M.D. — ADDRESS: 4001 Wilkens Ave — DATE SIGNED: Jan 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: Jan. 23, 1950 — NAME OF CEMETERY OR CREMATORY: BALTO. NATIONAL — LOCATION (City, town, or county): BALTIMORE — (State): Md

DATE REC'D BY LOCAL REG.: Jan 20 1950 — REGISTRAR'S SIGNATURE: Burke Jeffers

24. FUNERAL DIRECTOR: GEO. L. Schwab — ADDRESS: 2101 FREDERICK AVE.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00275

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Md.
STREET ADDRESS (If rural, give location): 402 E. Lanvale St., Balto. 2, Md.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) - - (Last) TINSLEY

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married-Sep.

8. DATE OF BIRTH: 5-2-92

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nottoway Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Clinical Records,Vets.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	24 hours
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) ARTERIOSCLEROSIS, GENERALIZED	unknown
	(c) LUNG ABSCESS, MULTIPLE, RIGHT, CAUSE UNDETERMINED	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 12-24, 1949, to 1-5, 1950, ~~that I last saw the deceased~~ ~~died~~ and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE: H. C. Manaugh
(Degree or title) ADDRESS: H. C. MANAUGH, M. D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD.
DATE SIGNED: 1-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 1-9-50
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Jan 9-50
REGISTRAR'S SIGNATURE: A. St. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Joseph G. Locks, Jr., Baltimore, Md.

98899

00276

(1)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 20 Laverne Avenue

3. NAME OF DECEASED (Type or Print) (First) EARL (Middle) M. (Last) TITUS

4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 9/9/96

9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Trenton, N.J.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Titus

14. MOTHER'S MAIDEN NAME Margaret ? FISK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Clinical Records, Vet.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL INFARCTION	Sudden
Antecedent cause(s)	(b) Arteriosclerosis	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 9, 1950, to Jan. 13, 1950, ~~that I last saw the deceased~~ ~~[illegible]~~, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) Joseph Alvarez, M.D.

ADDRESS VAH Fort Howard, Md.

DATE SIGNED 1-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/16/50

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/16/50

REGISTRAR'S SIGNATURE H.W. Hedrick D.M.

24. FUNERAL DIRECTOR Howard Blight Funeral Home, Baltimore, Md.

ADDRESS Mildred T. Blight, 6009 Harford Rd (14)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(I)

Dr L Lloyd Johnson 610 Frederick Rd

00277

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Nursing Home	STREET ADDRESS (If rural, give location): Edmondson Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JENNIE GRANT TRENCH				4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1950	19
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Aug. 7, 1868	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): New Jersey	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: James G. Jones		14. MOTHER'S MAIDEN NAME: Jane Clarke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Frederick J. Trench, 209 Maiden Choice Lane			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL APOPLEXY.	~~14 DAYS~~
334X Antecedent cause(s)	(b) ARTERIO-SCLEROSIS.	1-2 yrs
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) SENILITY	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): 0	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 1950, to Jan. 20, 1950, that I last saw the deceased alive on Jan. 19, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	MD.	610. Frederick Road. Catonsville, Md.	Jan/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 1/20/50	NAME OF CEMETERY OR CREMATORY: Flushing	LOCATION (City, town, or county) (State): Flushing, N.Y.
DATE REC'D BY LOCAL REG.: 1/20/50	REGISTRAR'S SIGNATURE: H. W. Heduck DM	24. FUNERAL DIRECTOR: William Cook, Inc., 1217 St. Paul St.	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

00278

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 64 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer Park Rd Reisterstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural give location) Deer Park Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Vaughn

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar 29 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W Vaughn

14. MOTHER'S MAIDEN NAME: Mary A. Yox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leo T. Vaughn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset and Death: 36 hrs.

443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE C. V. DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/31, 1949, to 1/2, 1950, that I last saw the deceased alive on 1/2, 1950, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin E. Strobel M.D. Reisterstown, Md. 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Jan 5 1950; NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery; LOCATION (City, town, or county) (State): Reisterstown Md

DATE REC'D BY LOCAL REG.: 1-3-50; REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: Wm Berryman & Sons Reisterstown Md

988 99

RECEIVED
JAN 6 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

00279

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
MARYLAND
LENGTH OF STAY (in this place) 2 yrs. 5 mos. 7 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2614 Jefferson Street

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Volker

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 12-30-1870

9. AGE last birthday 79 yrs.

If under 1 year Months 1 Days 20

If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Braun

14. MOTHER'S MAIDEN NAME Magdalena Rhinehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 5 hrs.

Antecedent cause(s) 422.1 93d
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerotic cardiovascular disease — Indef.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 19 47, to 1-19, 19 50, that I last saw the deceased alive on 1-19, 19 50, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Catonsville 28, Maryland DATE SIGNED 1-20-50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 1/23/50
NAME OF CEMETERY OR CREMATORY Trinity Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Jan 23-50
REGISTRAR'S SIGNATURE A. W. Helmstetter

24. FUNERAL DIRECTOR HENRY SANDER ' SONS, INC.
ADDRESS BALTIMORE - 13, MD.

28

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition in #18 & 21 shown on:

FILM No. G 1 24 FEB 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00280

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 200 W. 25th Street

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) W. (Last) WATERMAN

4. DATE OF DEATH (Month) January (Day) 10, (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-23-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stonecutter
10b. KIND OF BUSINESS OR INDUSTRY masonry
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Waterman
14. MOTHER'S MAIDEN NAME Lena Karcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis, basilar artery

332 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Softening of the brain stem.

186a (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, right clavicle

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell from bed or chair and sustained a fract. of his right clavicle. (2-14-50 - ams.)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. J. McCafferty (Degree or title) M.D. ADDRESS 700 Fleet St., Baltimore 2, Md. DATE SIGNED Jan. 11, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/14/50
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Jan 12-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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7

3/6 V9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00281

CERTIFICATE OF DEATH

Reg. Diat. No. 46

1. PLACE OF DEATH:

County Baltimore

City or town Roland Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Roland Cliff near Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sister Mary Borgia Weber

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 16 - 1862

8. AGE: Years	Months	Days	If less than one day
87	10	25	..... hrs. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER 12. Name Christian Weber

13. Birthplace Germany

MOTHER 14. Maiden name Magdalen Raubach

15. Birthplace Germany

16. Informant Sr. Mary Clara

Address Roland Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 12/50 (month) (day) (year)

Cemetery or crematory Roland Cliff

Location Glen Arm

18. Funeral director Geo. M. Smith & Son

Address 811 N. Howard St.

19. 1/12 1950 (Date rec'd by registrar) W. M. Hammatt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1950, at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1935, to Jan 11 1950

and that I last saw h.. alive on July 26 1949

Immediate cause of death	DURATION
Coronary occlusion	sudden
Due to	
Due to	
Other conditions Arteriosclerosis and Hypertension 420.1	2

(Include pregnancy within 3 months of death)

94a

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clint Green M.D. M. D. or other

Address Date signed

V3491

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 3 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00282

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: — LENGTH OF STAY (in this place): —
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: —
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural, give location): 2002 E. Lafayette Ave.

3. NAME OF DECEASED (Type or Print): (First) JOHANNA (Middle) — (Last) WELLER

4. DATE OF DEATH: (Month) JAN (Day) 15 (Year) 1950

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APRIL-18-1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months. 8 Days. 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NEVER WORKED

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): TOWSEN MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: HENRY WELLER

14. MOTHER'S MAIDEN NAME: MARY FRANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio - Sclerotic Heart Disease — Interval between onset and death: 1 yr.

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Sclerotic Changes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition ceusing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 20, 1949, to Jan. 15, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Earl L. Chambers, M.D. — ADDRESS: 4108 Liberty Hts. Balto 7 Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: JAN-18-50 — NAME OF CEMETERY OR CREMATORY: WESTERN — LOCATION (City, town, or county) (State): BALTIMORE MD

DATE REC'D BY LOCAL REG.: 1/16/50 — REGISTRAR'S SIGNATURE: D.W. Hedrick — 24. FUNERAL DIRECTOR: Wm Chas A. G Rohde — ADDRESS: 2327 Edmondson Ave

XVX99

MARYLAND STATE DEPARTMENT OF HEALTH

00283

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. XX

1. PLACE OF DEATH · COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (In this place): Approx. 15 Mins.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 522 S. Paca Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Dey)	(Year)
SAMUEL	H.	WEST	January	2,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	4-15-92	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Junk Dealer	Junk	Baltimore, Maryland	USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW-I	Unknown	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Aneurysm of thoracic aorta	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis of thoracic aorta	Unknown
	(c)	

022X
30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M.B. DAVIS, M.D.	DEPUTY MED. EXAM.	DUNDALK, MD.	1-3-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-9-50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/5/50	A.W. Hedrick	Charles R. Law,	802 Madison Ave., Balto., Md.

15660

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

00284

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park Hts. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Md.
STREET ADDRESS (If rural, give location) Park Hts. Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DANIEL	WINFIELD	WILLIAMS	Jan	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Feb 29, 1874.	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer.	Agriculture	Howard Co. Md.	U.S.A.

13. FATHER'S NAME Chas. Williams
14. MOTHER'S MAIDEN NAME Marg. Ryan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	none.	none	Mrs Effie Williams (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning.	1 hr.
975 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1642	(b) Cardiac Decompensation	5 yrs.
	(c) Senile Psychosis (Depression)	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.	none.	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Ice Pond on Farm.	Owings Mills	Balto.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Jan	9	50	7:30 p.m.			Went in Ice Pond.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D.D. Caples Md Exam	M.D.	Reisterstown, Md.	1-9-'50.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-12-50	Brandenburg	Carroll Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-10-50	Mary B. Eline	C. Harry Weer	Sykesville Md.

866VV

RECEIVED
JAN 19 1950
U.S.A.E.C.

00285

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 416 Aisquith Street

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) L. (Last) WILLIAMS
4. DATE OF DEATH (Month) January (Day) 3, (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH 8-22-1897
9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Barbering
11. BIRTHPLACE (State or foreign country) Goldsboro, N. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningitis	Unknown
Antecedent cause(s)	(b) Pulmonary Tuberculosis	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

002 x
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 1-2-, 1950, to 1-3-, 1950, ~~that I last saw the deceased~~ ~~alive on~~ ~~and that~~ death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh (Degree or title) ADDRESS DATE SIGNED
H.C. MANAUGH, M.D. Chief Pro. Services VAH, Ft. Howard, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-9-50
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/6/50
REGISTRAR'S SIGNATURE H.W. Hedrick DM
24. FUNERAL DIRECTOR Elroy Wilson
ADDRESS Balto.,Md.

70089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

00286

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (In this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Sacred Heart Lane

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ALBERT (Last) WILLIAMS.

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1950

5. SEX: male. | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married. | 8. DATE OF BIRTH: Dec 1, 1912 | 9. AGE last birthday: 37 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver | 10b. KIND OF BUSINESS OR INDUSTRY: Coal. | 11. BIRTHPLACE (State or foreign country): Balto. Co. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Williams | 14. MOTHER'S MAIDEN NAME: Pearl Neal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If yes, give war or dates of service) World War #2 | 16. SOCIAL SECURITY NO. none. | 17. INFORMANT: Alice V. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Insufficiency	4 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 4 yrs.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION: none. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? none.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Med. Exam.	M.D. Reisterstown, Md.	1-12-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1950	Piney Grove	Baltimore Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-12-50	Mary B. Eline.	J.F. Eline & Sons	Reisterstown, Md.

420 77

RECEIVED
JAN 18 1950
BUREAU V. S.

Dr. Alessi

00287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore County; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fullerton; MARYLAND; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Magledt Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fullerton; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural, give location): Magledt, Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A. (Last) Williamson

4. DATE OF DEATH: (Month) Jan. (Day) 24, (Year) 19 50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 15, 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ? Weidig

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Anna Webster, Magledt Ave. Fullerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 40 hours

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Renal Disease — ?

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1947, to January 23, 1950, that I last saw the deceased alive on January 23, 1950, and that death occurred at 2.05P m., from the causes and on the date stated above.

SIGNATURE: J. Alessi (Degree or title) M.D. ADDRESS 6217 Harford Rd DATE SIGNED 1/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-27-50

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1-27-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road

VS. A15

00288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

48-77262

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7304 Dunbrook Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 7304 Dunbrook Court

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) Gail (Last) Wilson

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: Dec. 13, 1949

9. AGE last birthday: yrs. If under 1 year: Months. Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert E. Wilson

14. MOTHER'S MAIDEN NAME: Ruth E. Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Robert E. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Meningitis Type of organism unknown	6 days
Antecedent cause(s) 751x 157a	(b) Apneal Bifida - Leaking	Since Birth
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus — 7 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Jan 20~~ Dec 13 '49, to Jan 21, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Bowers M.D. 2937 E. Charles St. 1/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 23, 1950 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REGISTRAR: Jan 23 1950 | REGISTRAR'S SIGNATURE: D. W. Kelly Jr.

24. FUNERAL DIRECTOR: Roland L. Fisher | ADDRESS: Dundalk, Md.

2-1-12/13/49-28-1-40-6 (7 lbs 14 oz)

XVX99

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

00289

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 60 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Md.
STREET ADDRESS (If rural, give location): 2807 Erdman Ave.,

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) J. (Last) WITKOWSKI

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2-18-91	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Captain	Dredge-Boat	Baltimore, Md.	USA

13. FATHER'S NAME: Steve Witkowski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	unknown	Clinical Records, Vets.Adm.Hosp.Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	5 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3 Yrs.
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from 11-2, 1949, to 1-9, 1950, that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at 6:05 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh, M.D.	Chief Pro. Services	VAH., FORT HOWARD, MD.	1-10-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/50	Holy Redeemer Cemetery	Belair Rd., Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12-50	C. W. Hedrick	M.F. Sadowski & Sons 1808	Eastern Ave., Balto. Md.

130V9

00290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville, Md. LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS The House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea, Md.
STREET ADDRESS (If rural give location) 6901 Belair Rd.

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) R. (Last) WOLF
4. DATE OF DEATH (Month) 1 (Day) 10 (Year) 1950
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Feb. 12, 1897
9. AGE last birthday 52 yrs. If under 1 year Months 10 Days 28 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry G. Wolf
14. MOTHER'S MAIDEN NAME Mary E. Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Ernest G. Wolf 6901 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Paralysis Respiratory Center	4 da.
345 x Antecedent cause(s)		
87d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple Sclerosis	10 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1948, to 1-10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager (Degree or title) M.D. ADDRESS 6209 Frederick Rd. Balt. 28, Md. DATE SIGNED 1-10-50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE Jan. 13/50
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. Jan 11-50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00291

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural give location) 7216 Pulaski Highway, Balto 6. Md.

3. NAME OF DECEASED (Type or Print) (First) AMELIA (Middle) SARAH (Last) WOPPMAN
4. DATE OF DEATH (Month) (Day) (Year) January 3, 1950.
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 10, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (State or foreign country) Reading, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Anna M. Woppman 7216 Pulaski Highway.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Nephritis (coma)

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease past 3yrs.

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to Jan 3, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 7 00 A.m., from the causes and on the date stated above.

SIGNATURE John W. V. Clift (Degree or title) M.D. ADDRESS 5010 Greenleaf Road DATE SIGNED 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1- -1950
NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery
LOCATION (City, town, or county) (State) 7225 Eastern Ave Balto. Co., Md

DATE REC'D BY LOCAL REG. 1/5/50
REGISTRAR'S SIGNATURE A.W. Hedrick
21. FUNERAL DIRECTOR Charles S. Zeiler ADDRESS 901 S. Conkling St.

52086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00292

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (Dundalk)
STREET ADDRESS (If rural give location): 3101 Liberty Parkway

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) D. (Last) Worth

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 7-19-1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months 6, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric bleeding and shock	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cirrhosis of liver	Unk.
	(c)	

581.0
124.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1950, to 1-20, 1950, that I last saw the deceased alive on 1-20, 1950, and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk M.D. (Degree or title) — ADDRESS: Spring Grove Hosp., Catonsville, Md. — DATE SIGNED: 1-20-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 23rd 1950 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem — LOCATION (City, town, or county) (State): Eastern Ave Road

DATE REC'D BY LOCAL REG.: 1/24/50 — REGISTRAR'S SIGNATURE: C. W. Jackson

24. FUNERAL DIRECTOR: Leo E. Cook — ADDRESS: 1703 N. Patterson Park Ave

15679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00293

CERTIFICATE OF DEATH

Reg. Dist. No. FX

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 192 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1246 James Street

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle)	(Last) YOUNG	4. DATE OF DEATH	(Month) January (Day) 16, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 2-16-1877	9. AGE last birthday 72 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer	10b. KIND OF BUSINESS OR INDUSTRY Bricklaying	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Catherine Kunkel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) SAW	16. SOCIAL SECURITY No. 212-18-4999	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pernicious Anemia with posterolateral sclerosis	6 Yrs.
290.0 Antecedent cause(s)		
82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Decubitus ulcers, severe	5 Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No XX
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 7-8-, 1949, to 1-16-1950, ~~[illegible]~~ ~~[illegible]~~ death occurred at 1:50 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton Ginsberg, M. D.		VAH, Ft. Howard, Md.	1-16-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/20/50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 1/18/50	REGISTRAR'S SIGNATURE H W Hedrick	24. FUNERAL DIRECTOR Howard Blight Funeral Home, Balto., Md.	ADDRESS

Mildred T. Bligh Ht 6009 Harford Ln 306-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 00294

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md.
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg, Md.
STREET ADDRESS (If rural give location) 7 Cliftwood Road

3. NAME OF DECEASED (Type or Print) (First) LOUISA (Middle) (Last) YOUNG

4. DATE OF DEATH (Month) Jan. (Day) 29th (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Nov. 11th, 1869

9. AGE last birthday 80 yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Adam F. Lautenschlager

14. MOTHER'S MAIDEN NAME Catherine M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mary Elizabeth Denner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY ARTERY THROMBOSIS	3/4 HOUR (45 MIN.)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIAL HYPERTENSION	10 YRS +
420.0 934	(c) ARTERIOSCLEROTIC HEART DISEASE	5 YRS +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1949, to 1/29, 1950, that I last saw the deceased alive on 1/2, 1950, and that death occurred at 940 A. m., from the causes and on the date stated above.

SIGNATURE John W. Macken (Degree or title) M.D. ADDRESS 6331 Belair Rd Baltimore (6) Md. DATE SIGNED 1/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/31/50

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 30 '50

REGISTRAR'S SIGNATURE Mrs P. L. Reynolds

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

FEB 1 1950
BUREAU U. S.